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Evaluating the Effectiveness of an Anger Management Program in a Detention Facility

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EVALUATING THE EFFECTIVENESS OF AN ANGER MANAGEMENT PROGRAM IN A DETENTION FACILITY

BY

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Abstract

Offenders struggle with anger management not only before prison, but also while incarcerated (e.g., difficulty with prison adjustment, institutional behavioral problems). For these reasons, a number of correctional institutions offer anger management programming. However, the literature of these outcome studies within corrections is limited (Dowden, Blanchette, & Serin, 1999). This study is a program evaluation of psycho-educational anger management/substance abuse groups provided to male federal detainees at a privately owned detention facility in the northeastern United States. Objectives of the study were to: understand the demographics of this offender population, assess the effectiveness of the program, and explore participants' group experiences.

Over one year, 74 detainees voluntarily attended seven-week, psycho-educational groups facilitated by clinical psychology graduate students. Cognitive-behavioral curriculum was based on Willoughby's (1979) model of the "alcohol troubled person," behavioral/social learning concepts, and the stages of change approach (Prochaska & DiClemente, 1982), and presented using a Motivational Interviewing approach (Miller & Rollnick, 1992). Thirty-one detainee participants (15 English and 16 Spanish-speaking) completed both pre and post-intervention measures, assessing: background demographics, alcohol/drug history, content/curriculum material, measures assessing readiness to change anger and substance use, self-report of current and usual level of anger, and program satisfaction.

Nonparametric statistics showed participation in the group increased detainees' report of readiness to change the way they deal with their anger. English and Spanish-

speaking participants were similar on many background variables, but the latter had fewer prior incarcerations, heard of the group through peers, were less likely to use drugs and seek help before arrest, and reported more extreme (very little or very frequent) alcohol use. No significant differences were found between those who completed only pre measures, versus those who completed both sets. Participants demonstrated knowledge of curriculum and found the group experience to be positive in both content and process dynamics of the group itself. Specifically, Spanish-speaking participants emphasized a factor similar to the traditional Latino concept of "respeto." These results suggest research should study the impact of offenders' readiness to change on treatment outcomes, and continue investigating both English and Spanish-speaking offenders' specific needs and experiences of programming to provide effective interventions.

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Introduction

Anger is a common, universal human emotion; a "felt emotional state" (Kassinove & Sukhodolsky, 1995). It is a complex subjective experience which is thought to combine elements of physiological arousal, cognitions, and behavioral reactions (Novaco, 1994). Experiences and feelings of anger can be quite diverse on elements of intensity, duration, and frequency, all of which can vary drastically from person to person.

Individuals' responses to anger can lead to actions with potentially negative consequences, seriously impacting one's life. In their meta-analysis on anger management treatments, Del Vecchio and O'Leary (2004) cite numerous research studies linking anger levels and/or angry interpersonal interactions with such negative consequences as physical aggression, parental use of physical discipline, divorce, aggressive driving styles, and vulnerability to pain, illness, and cardiovascular disease. Negative consequences of anger can affect all areas of one's life, including psychological, financial, physical, and interpersonal domains. Because of these serious effects, anger management treatment has become increasingly popular in the last twenty years (Del Vecchio & O'Leary, 2004). Even more recently, meta-analyses have reviewed the literature to assess the effectiveness of these programs (Beck & Fernandez, 1998; Del Vecchio & O'Leary, 2004; DiGiuseppe & Tafrate, 2003; Edmondson & Conger, 1996; Tafrate, 1995).

Nowhere is the need for effective anger management treatment greater than within correctional facilities. Anger is a major contributor to offending behavior (Howells, 1998); it is also connected with crime, aggression, and violent behavior.

Research studies have found that anger measures for violent offenders are higher than non-violent offenders, and when compared to the rest of the population, prison inmates have higher anger scores (Spielberger, 1991). Howells, Day, Williamson, Bubner, Jauncey, Parker, and Heseltine (2005) explain, "Anger problems have been linked with prison adjustment, disciplinary problems, assaults, and violence" (p. 297). Anger management appears to be not only a struggle for some offenders before their incarceration, but also during their prison sentence. For these reasons, many correctional institutions offer anger management programming to inmates, in hopes of assisting with rehabilitation. The Donald W. Wyatt Detention Facility (referred herein as Wyatt), in Central Falls, Rhode Island, is one of these facilities providing such programming. Through a contract with the University of Rhode Island (URI), graduate students in clinical psychology provide anger management/substance abuse psycho-educational groups to mostly pre-trial, male, federal detainees. This dissertation describes the process of this program's evaluation and its results within the context of what is known about the effectiveness of anger management treatment with an offender population.

Justification for and Significance of the Study

This study is an exploratory analysis of male detainees' potential to make changes in anger management as a result of a clinical intervention within a federal detention center ("the Wyatt"). This facility houses both sentenced and nonsentenced offenders, including immigration cases. For a number of detainees Spanish is the primary language, affording a valuable opportunity to assess effectiveness of programs with this specific population.

This particular study was conducted for three main reasons:

1) to serve as a foundation for more evaluation research at the Wyatt that can directly inform future clinical intervention decisions;
2) to provide feedback to administrators of the Wyatt about the program they are contracting; and
3) to contribute to a literature that lacks empirical research assessing programs in correctional facilities, especially in detention centers.

Though this particular anger management and substance abuse program has been offered at the Wyatt by URI graduate students since 1998, there has been no research conducted to evaluate their effectiveness. Having information about how (or whether) psychotherapeutic interventions are working can better inform and help clinicians to revise clinical techniques and approaches to provide more effective, and therefore more ethical treatment for our clients. It is hoped that the data collected for this study will increase our knowledge of the detainee population at the Wyatt, help to determine if the psycho-educational groups are effective, and allow us to understand the detainees' experiences of the groups.

In addition to informing clinical practice, evaluation research on these groups will also be presented to the administration of the Wyatt Detention Facility. As a consumer and employer of our clinical services, having results from this study will show the administration what components of the program appear to be helping the detainees and what changes might be implemented to increase participation and/or effectiveness. Presentation of these results will allow a forum for more dialogue between URI's clinical team and the Wyatt administration, exploring how facility

needs are/are not being met. This can strengthen the connection with the facility and open channels for discussion on other ways student clinicians from URI can help serve the needs of Wyatt detainees.

Along with providing URI clinicians and Wyatt administration with more specific data about the intervention's effectiveness, this research project can also serve to educate other clinicians, researchers, and correctional facilities by contributing to the correctional literature. A concise review of the relevant literature illustrates the need for more evaluation studies on groups with offender populations, particularly with inmates in the U. S. residing in detention centers.

Anger Interventions with Adults

We know less about anger than other emotions, such as depression and anxiety, due to a comparably limited amount of research studies on anger (Kassinove & Sukholdsky, 1995). Researchers explain that this may be due in part to lack of operational definitions, as there are no primary anger disorder categories included in the Diagnostic and Statistical Manual of Mental Disorders-IV, making systematic study of clinical anger increasingly difficult (DiGiuseppe & Tafrate, 2001).

Measurement of Anger. There are a few instruments that have been developed to measure and quantify anger. Two of the most commonly used are the Novaco Anger Scale and Provocation Inventory (NAS-PI; Novaco, 2003) and the State-Trait Anger Expression Inventory (STAXI-2; Spielberger, 1999). Raymond Novaco based the NAS-PI, on his seminal work, "*Anger Control*" (1975), which outlined his theory of anger arousal and control. Not only is Novaco one of the first researchers to study anger, but he has also developed an Anger Control Training treatment, and has

conducted anger management research with a variety of populations throughout the years. The NAS is a 60-item test which generally examines an individual's anger experience, describing cognitive, physiological, and behavioral responses and patterns to anger, as well as the individual's ability to regulate anger and provocation situations. The STAXI-2, (Spielberger, 1999) is a 57-item instrument measuring not only situational anger, but "trait" anger, considered to be part of an individual's personality. The STAXI-2 also assesses specific types of anger expression, whether or not the person expresses anger in (suppression) or anger out (verbal or physical expression towards others). The NAS-PI and the STAXI-2 are the two most widely used anger instruments, in part because there are not many other measures available.

Types of Anger Treatments. Most of the anger treatments are delivered in a group format (i.e., 80% of studies in their meta-analysis, DiGiuseppe & Tafrate, 2003); and are cognitive, behavioral, or cognitive-behavioral in nature. Treatments with different theoretical orientations are missing in the outcome literature, with the exception of a few studies on mindfulness meditation and experiential therapy (DiGiuseppe & Tafrate, 2001). Cognitive theories of anger treatment are based on the assumption that changing the way a person interprets and appraises an event or situation (called cognitive restructuring) will result in changing a feeling, a decrease in anger. Examples of cognitive treatments include self-instructional training (Meichenbaum & Goodman, 1971), a technique to teach individuals to monitor and change negative self-statements, and cognitive therapy (Beck, 1976), which helps clients identify irrational beliefs and changing their thought patterns. In contrast to cognitive theories, which focus on changing thoughts, behavioral treatment for anger

targets changing the actions of individuals, based on analysis of environmental events and cues and actions which have previously been reinforced (Salinger, 1995). Behavioral treatments, such as skills training, exposure therapy, systematic desensitization, and relaxation training, seek to replace non-adaptive, learned actions with alternative responses.

Cognitive-behavioral therapy (CBT) treatments for anger integrate both cognitive and behavioral techniques, such as: rational-emotive behavior therapy (Ellis, 1962); Aggression Replacement Therapy (ART; Goldstein & Glick, 1987); and a portion of ART called Anger Control Training (ACT). Ellis' rational-emotive behavior therapy uses the "A-B-C" model of identifying and understanding the connections between activating events, beliefs, and consequences. Aggression Replacement Therapy consists of social skills training, ACT, and moral education. The ACT curriculum, based on Novaco (1975) and Meichenbaum (1977), includes helping individuals to identify events and internal self-statements, recognize physiological cues, learn new self-statements, use "reducers" (or new response strategies), and self-evaluation of techniques. Similarly to rational emotive-behavior therapy, Kassinove and Tafrate's (2002) anger management treatment is based on their "anger episode model," which is defined as a formula of first experiencing triggers and appraisals, combined with private experiences and public expressions, leading to short-term and long-term outcomes. Other CBT anger treatments include different combinations of these techniques and strategies.

Effectiveness of Anger Treatments. Overall, anger treatment with adults is effective. There are many studies that fall into the general category of anger treatment/management interventions. Five different meta-analyses analyzing these research studies have examined the effectiveness of anger treatments with adults (Beck & Fernandez, 1998; Del Vecchio & O'Leary, 2004; DiGiuseppe & Tafrate, 2003; Edmondson & Conger, 1996; Tafrate, 1995). These meta-analyses reviewed mostly research studies using control groups, though pre to post-test single group designs were also included. Though there are inherent limitations in constructing meta-analyses, (such as missing data, reliance on studies using college studies for subjects, few long-term studies, and exclusion of many studies for not meeting inclusionary criteria), these reviews have all have found treatments to have an average effect size in the medium to large range. In summarizing the general conclusions across the meta-analyses, DiGiuseppe and Tafrate (2001) state: "There is improvement consistently of a moderate to large magnitude. Average effect sizes across all outcome measures and intervention strategies ranged from .67 to .99, with most reviews reporting a grand mean of around .70" (p. 263). Anger treatments also appear to work similarly for different types of people, of varying ages, qualified by the observation that many of the studies reviewed included "voluntary" participants, as opposed to other people who may be more resistant to change (DiGiuseppe & Tafrate, 2003).

Across meta-analyses, varying effect sizes have been found for different types of anger treatments, with most treatments falling in the medium to large range, as classified by Cohen (1988) (small=.2; medium=.5; large=.8). Tafrate (1995) found the following effect sizes for these categories of anger treatment therapies: cognitive

therapies (.93); relaxation therapies (.48 to 1.16); skills training (.82); and multicomponent treatments (1.00). Exposure and cathartic therapies were not evaluated, since no controlled studies of them were found in the literature. Edmondson and Conger (1996) found these effect sizes: relaxation therapies (.82); social skills (.80); cognitive-relaxation (.76); and cognitive treatment (.64). Edmondson and Conger (1986) found that for anger experience, relaxation treatment worked the best, while for anger behavior, relaxation, cognitive relaxation, and social skills treatment worked better than just cognitive therapies.

Del Vecchio & O'Leary (2004) reviewed interventions completed in 12 or fewer sessions in four treatment categories: cognitive-behavioral; cognitive; relaxation; and "other treatments." They reviewed only articles that randomly assigned subjects to one or more treatment groups in addition to a control group, and the subjects of the studies had to have shown clinically significant levels of pretreatment anger, as measured by standardized instruments. It was found that all four of the treatment types yielded medium to large effect sizes (range=0.61-0.90). Cognitive therapy worked best for driving anger (effect size of 2.11) and "other" treatments (process group counseling, social skills training, etc.) were most effective in treatment problems in controlling anger (effect size of 0.69). These results again, must be interpreted within the context of limitations inherent in meta-analyses, as each meta-analysis established a different set of inclusion criteria for articles and the research studies themselves are incredibly diverse. Edmondson and Conger (1996) also qualified their findings by pointing out that some assessment methods produce higher effect sizes than others.

Treatment for anger appears to work on many different types of dependent measures. Not only does anger treatment work to decrease level of anger and aggression, but also shows improvements towards desired outcomes, like skill building and positive thinking (DiGiuseppe & Tafrate, 2001; 2003). Also, there is no research to support the idea of "symptom matching," providing a specific anger intervention, based on the individual symptom pattern. DiGiuseppe and Tafrate (2001) explain, "In fact, cognitive interventions produced larger changes on physiological measures than did progressive muscle relaxation" (p. 264). The authors suggest providing an intervention which has empirical evidence behind it, rather than assuming a treatment will change a target outcome. Other conclusions from their review of the literature found: group and individual therapies seem to be equally effective, though individual therapy may be better at increasing positive behaviors; effects for anger treatments appear to last over time; studies using manualized treatments (increasing program integrity) had higher effect sizes than those that did not; and for aggression, individual formats seemed to work best.

Anger treatment "works" when compared with no treatment. Beck and Fernandez (1998) showed that clients receiving cognitive-behavioral treatment for anger management issues improved more than 76% of control group participants, on various anger dependent variables, including aggression, assertiveness, anger, hostility, (Deffenbacher, Oetting, & DiGiuseppe, 2002). Similarly, in their meta-analyses of 50 between-group studies, DiGiuseppe and Tafrate (2003) found that participants with anger management treatment had significant and moderate improvements over those who did not receive treatment (better than 76% of control

subjects). In addition, when no control group comparison has been made, most outcomes studies still show that participants in anger treatment have a significant pre to post-intervention change in the desired direction on many dependent variables; DiGiuseppe and Tafrate (2003) found that 83% of participants in within-group studies improved upon post-test evaluation.

Anger Management in Corrections

Given these findings that anger management interventions are showing a modest or high effect size in terms of effectiveness, it's no surprise that there is widespread implementation of anger management programs within correctional facilities. One national study indicated that the type of psychotherapy group offered in state correctional settings with male inmates by most group therapists is an anger management group (Morgan, Winterowd, & Ferrell, 1999). This same study observed "that there are very few studies documenting the effectiveness of the group work being done in correctional settings" (p. 604), and the authors call for correctional psychologists to design and implement program evaluation research as a routine part of providing group psychotherapy.

Although anger management groups are commonplace in correctional facilities' programming, systematic, empirical evaluations of these same groups are rare. This is evident by examining an internet search with the terms "anger management (treatment) and corrections (or prison)," which leads the reader to many links containing descriptions of programming. However, similar searches in academic databases result in only a few treatment outcome studies. Specifically, a search within both general databases and specific social science discipline databases (i.e.,

psychology, sociology, correctional publications, etc.) produced citations for only 34 studies evaluating anger management treatment in adult correctional settings, of which 10 were unpublished dissertations (See Table 1 for more specifics). While anger management appears to be one of the most frequent topics provided in correctional programming, studies examining the effectiveness of the programs are extremely limited.

While five meta-analyses on anger treatments in general have been previously discussed, this writer is not aware of any meta-analysis that has been published to examine studies on anger management specific to the adult offender population. Two articles alone have briefly reviewed correctional anger management treatment (Hollenhorst, 1998; Novaco, Ramm, & Black, 2004). Hollenhorst (1998) outlined the content of implemented anger management programs (local Wisconsin programs and other programs in different states). Though this article discussed the general issues of anger management in corrections, it did not include a systematic review of outcome studies. Novaco, Ramm, and Black (2004) provided a brief description of some anger management studies that were conducted primarily with forensic patients and adolescent offenders. However, no study was found that presented an average effect size of effectiveness or provided a comprehensive summary or outcome comparison of the different types of anger management programs nationally found in jails, prisons, and detention centers. Given the available literature, it is difficult to make any over-arching conclusions about anger management in corrections, with much confidence. However, observations about the content and modality of the programming provided, the specific populations and locations of the studies, and the outcome studies'

methodologies will be provided. In addition, tentative generalizations about what we know (and don't know) about anger management in corrections will be discussed.

Content and Modality of Programming. A review of the literature shows that most, if not all, anger management programs in corrections are cognitive-behavioral in nature. As Howells et. al (2003) explain, "these are often brief (up to 10 sessions) cognitive behavioral programs designed to reduce anger arousal and improve anger control. Anger management program participants develop alternative strategies in the control and expression of angry impulses" (p. 1). Research on correctional programming shows that one of the principles of effective interventions with offenders is a treatment based on behavioral strategies (a category of which cognitive behavioral, is included). Examples of cognitive-behavioral anger management programs include: Anger Control Training (Novaco, 1975), Aggression Replacement Training, *Cage Your Rage* (Cullen, 1992), Skills Training for Aggression Control (STAC; Howells et. al, 2003), and Prison Anger Control Training (PACT; Napolitano & Brown, 1991).

Other anger management programs do not follow one of these structured programs' curricula per se, but also utilize cognitive-behavioral components. Programs' techniques can include one or more of the following: use of relaxation or stress inoculation strategies, focus on identifying and changing cognitive patterns, discussion of coping skills, discussion of relapse prevention, confrontation of individual's beliefs, or modeling of appropriate behaviors. Some programs (Macpherson, 1986; Meers, 1980) use Albert Ellis' Rational Emotive Behavior Therapy (REBT; 1973), which is based on encouraging offenders to examine their

anger in the "A-B-C" components: action, beliefs (irrational), and consequence. These programs show offenders that they can better manage feelings of anger by first identifying and changing irrational beliefs. Other techniques of anger management programs include the use of anger logs/diary card, participant workbooks, and psycho-educational handouts.

A group may also be labeled as an "anger management" program even though its curriculum is more focused on domestic violence or interpersonal violence than general anger management techniques (Hollenhorst, 1998). These types of groups can significantly vary in content and usefulness; indeed it has even been suggested that a general anger management program may cause more harm than good when applied with abusers/batterers who have the need to focus more on their controlling and manipulative behaviors rather than impulse control in general (Gondolf & Russell, 1986).

A review of the correctional studies indicates that anger management treatment is almost always provided in group formats, though some facilities also offer "self-study" materials, such as the *Cage Your Rage* (Cullen, 1992) workbook, which offenders can read and follow on their own. One program included the use of both weekly group sessions and individual meetings with group facilitators/mentors (Jones & Hollin, 2004). Within the group formats, programs can be structured more as psychotherapy/discussion groups, psycho-educational classes, or some type of mixture of the two. Number of participants in these groups can also be varied, with many studies not specifying the exact number of offenders. The number of sessions of the programming ranges from three sessions to 50 hours worth of programming, with the

average number of sessions in the literature, around 12 sessions. The length of time in each session can vary from one hour to three hours at a time, with most programming, having each session that lasts about one and a half to two hours at a time. In summary, most anger management programs within correctional settings are cognitive-behavioral in nature, provided in a group format, and consist of approximately twelve one and a half to two hour sessions.

Population Characteristics and Settings. Anger management programs are offered in varied correctional settings to different types of offenders. Contrary to general terminology identifying "offenders" or "inmates" as one total group, incarcerated individuals are a highly heterogeneous population. Within each outcome study, there can be much variety in the background characteristics of offenders, such as intellectual/cognitive difficulties, personality disorders and/or other mental health issues, race, ethnicity, and age. This is evident even within the adult outcome studies examined, which only represent a minor sample of the anger management programs being provided in corrections.

Almost all of the studies in Table 1 evaluated programs conducted with male offenders, with four exceptions, that specifically assessed the effectiveness of anger management with female offenders (Allen, Lindsay, MacLeod, & Smith, 2001; Eamon, Munchua, & Reddon, 2001; Smith, Smith, & Beckner, 1994; Wilfy, Rodon, & Anderson, 1986). Some programs include evaluations with violent offenders (Allen, Lindsay, MacLeod, & Smith, 2001; Bornstein, Weisser, & Balleweg; 1985; Clouston, 1991; Forbes, 1990; Holbrook, 1997; Howells et. al, 2002; Howells et. al, 2005, Hughes, 1993; Hunter, 1993; Napolitano & Brown, 1991; Valliant & Raven, 1994;

Watt & Howells, 1999), while other studies do not specify a risk or violence level of the offender participants.

In the reviewed correctional outcome studies, the majority of evaluations take place within federal or state prison facilities, with six studies evaluating programs within a forensic hospital (Bornstein, Weisser, & Balleweg, 1985; Eamon, Munchua, & Reddon, 2001; Jones & Hollin, 2004; Renwick, Black, Ramm, & Novaco, 1997; Stermac, 1986; Taylor, Novaco, Gillner, & Thorne, 2002). Studies from different countries are also represented, including programs provided in Australia (Howells et. al, 2002; Howells et. al, 2005; Watt & Howells, 1999), Canada (Clouston, 1991; Dowden, Blanchette, & Serin, 1999; Eamon, Munchua, & Reddon, 2001; Hughes, 1993; Hunter, 1993; Kennedy, 1992; Marquis, Bourgon, Armstrong, & Pfaff, 1996; Robertson, 2000; Valliant & Raven, 1994), the United Kingdom (Allen, Lindsay, MacLeod, & Smith, 2001; Jones & Hollin, 2004), England (Renwick, Black, Ramm, & Novaco, 1997; Taylor, Novaco, Gillner, & Thorne, 2002), and Wales (McMurran, Charlesworth, Duggan, & McCarthy, 2001), with the remainder of studies conducted in the United States. It is important to examine the results of each study within its national context, as each country has an individual criminal socio-political and structural system.

Studies' Methodologies. In reviewing the research designs of the correctional anger management outcome studies, it is striking that the majority of studies have a small sample size, with participant groups varying from three to 418, with the average range of participants from 25 to 50 offenders. Only three studies had larger sample sizes (Dowden, Blanchette, & Serin, 1999, N=110; Howells et. al, 2002, N=200;

Howells et. al, 2005, N=200). Most studies utilized some type of comparison or control group, with only five studies randomly assigning participants to condition groups (Forbes, 1990; Gaertner, 1983; Sanders, 1992; Stermac, 1986; Vannoy & Hoyt, 2004)

Studies were also varied in the way in which they defined and measured a "successful outcome" of the program. Variables measured included self-report levels of anger as measured by the scales (or selected subscales) of the Novaco Anger Scale – Provocation Inventory (2003) and State-Trait Anger Expression Inventory (STAXI; Spielberger, 1991; 1999). Other measures used in the outcome studies included: the Hostility Scale from the Minnesota Multiphasic Personality Test (Butcher et. al, 1989), Sociomoral Reflection Measure (Gibbs & Widaman, 1982), Watt Anger Knowledge Scale (Watt & Howells, 1999), Emotion Control Questionnaire (Roger & Najarian, 1989), Aggression Questionnaire (Buss & Perry, 1992), Vengeance Scale (Stuckless & Goranson, 1992), and the Interpersonal Reactivity Index (Davis, 1980), just to cite a few. As evidenced by the variety of instruments used, studies measured not only anger levels or aggression, but also other variables, such as empathy (Vannoy & Hoyt, 2004), skills improvement (e.g., Expressing a Complaint) (Barto Lynch, 1995), ability to cope with frustration (Smith, Smith, & Beckner, 1994), anxiety (Vallian & Raven, 1994), impulsiveness, risk-taking likelihood, resistance to authority (Hunter, 1993), pro-social attitudes (Kennedy, 1992), role-playing skills (Macpherson, 1986), and self-denigration strategies (Stermac, 1986). In addition, some studies included behavioral observations from correctional officers or case managers, and/or or examined levels or incidents of verbal or aggressive institutional acts. Only two

studies (Dowden, Blanchette, & Serin, 1999; Marquis, Bourgon, Armstrong, & Pfaff 1996) tracked group participants' level of recidivism.

Outcome Results. Researchers have previously commented on the lack of anger management outcome studies for offenders, stating programs are rarely evaluated (Hunter, 1993) and emphasizing the "dearth of studies" (Hughes, 1993). In trying to place their positive anger management outcome findings in a larger context, Dowden, Blanchette, and Serin (1999) comment,

> Although these program evaluations have provided preliminary support for the effectiveness of anger management programs, the small number of studies makes it difficult to provide a definitive determination of the generalizability of these findings (p. 5).

The correctional anger management outcome studies presented in Table 1 reflect such diversity in study variables, making it impossible to draw reliable conclusions. For example, while only four studies have evaluated anger management programs with female offender participants, the heterogeneity within this small subset of studies is incredibly large: violent females with intellectual disabilities (Allen, Lindsay, MacLeod, & Smith, 2001); adult females in a hospital in Canada (Eamon, Munchua, & Reddon, 2001); adult females in the Utah State Prison (Smith, Smith, & Beckner, 1994); adult female offenders with personality disorders in maximum security prison in the United States (Wilfy, Rodon, & Anderson, 1986).

In spite of inconsistent methodologies, there are some suggestive trends in the data. Almost all outcome studies that did not utilize a control group showed improvements in post-intervention measures, including: a decrease in anger which was maintained over time (Allen, Lindsay, MacLeod, & Smith, 2001); improvement of self-report of anger (McMurran, Charlesworth, Duggan, & McCarthy, 2001); a

decrease in anger levels and an increase in the ability to cope with frustration (Smith, Smith, & Beckner, 1994); an increase in personal control and responsibility, using alternatives, and having a mutual support system (Wilfy, Rodon, & Anderson, 1986); a decrease in self-reported level of anger and aggressive incidents, with an increase in non-aggressive interpersonal style (Bornstein, Weisser & Balleweg, 1985); an increase in outward anger and emotional control, and decrease in state and trait anger expression and intensity (Jones & Hollin, 2004), modest gains in therapist assessment and clinician staff ratings (Renwick, Black, Ramm, & Novaco, 1997); and a decrease in anger levels (Smith & Beckner, 1993). Only one study found no post-intervention difference in assaultive offenders on anxiety or aggression, although both measures decreased for non-assaultive offenders (Valliant & Raven, 1994). While these findings appear optimistic, by not including a control group in their studies, it cannot be concluded that these changes can be attributed to participation in the anger management program.

Studies that evaluated a correctional anger management program using both treatment and control groups yielded contradictory results. Most studies found that the treatment group showed significant improvements over the control group on specific post-intervention variables: decrease in anger and egotism (Vannoy & Hoyt, 2004); decrease in the number of institutional charges (Eamon, Munchua, & Reddon, 2001); decrease in anger scores (Robertson, 2000); increase in prosocial behavior and significant improvement in the skill of "expressing a complaint," (Barto Lynch, 1995); decrease in anger intensity and anger reactions (Taylor, Novaco, Gillner, & Thorne, 2002); increase in positive case manager ratings and higher latency to rearrest

(Hughes, 1993); decrease in susceptibility of anger and aggressive tendencies (Napolitano & Brown, 1991); improvement in anger knowledge (Howells et. al, 2005); increase in readiness to change and anger knowledge (Howells et. al, 2002); and decrease in anger provocation and irrational thoughts (Sanders, 1992). It is of note that some of these same studies found no difference on other variables (e.g., empathy, Vannoy & Hoyt, 2004; social responsibility or hostility, Sanders, 1992), whereas other studies found no significant difference between treatment and control groups (Clouston, 1991; Forbes, 1990; Holbrook, 1997; Stone, 1991). Four studies actually showed that the control group slightly improved on post-intervention measures (on most measures: Howells et. al, 2002 and Howells et. al, 2005; Hunter, 1993; Watt & Howells, 1999), suggesting that merely completing questionnaires and measures on anger and other emotions had an effect.

Howells et. al (2005) discussed that though there were few significant differences between their treatment and control group, the treatment group made consistent changes in the expected direction. Even if studies did not show a significant difference between treatment and control groups, some studies commented on treatment group improvement on post-intervention measures: decrease in vengeance (Holbrook, 1997); and lower levels of anger, increased use of coping strategies, less use of self-denigration strategies (Stermac, 1986). These observations may indicate that programs have a low to modest effect, showing post-intervention improvement trends, which are not powerful enough to show differences when compared to a control group. Some studies found significance in pre to post-intervention measures of variables: on measures of physical symptoms of anger, scores on an anger inventory

and irrational beliefs, role-playing ratings, and an interpersonal behavior (Hughes, 1993); decreases in impulsiveness, risk-taking likelihood, depression, frustration, resistance to authority, verbal assault to staff and increases in energy and self-esteem (Hunter, 1993); decreases in anger and aggression (Eamon, Munchua, & Reddon, 2001); and decreased anger intensity (Meers, 1980). Only one study (Stone, 1991) found no improvements post-intervention or at a follow-up period (adult male inmates at the Montana State Prison).

Two studies looked at their program's effect on recidivism. Dowden, Blanchette, and Serin (1999) found that anger management was more effective with higher risk offenders, who showed a decrease in general and violent recidivism, than with low risk offenders. Marquis, Bourgon, Armstrong and Pfaff (1996) showed violent offenders who completed both anger management and relapse prevention components recidivated at a lower rate than those who took relapse prevention alone. Dowden, Blanchette, and Serin (1999) discuss a meta-analysis (Andrews, Dowden, & Gendreau, under review) that reviewed criminogenic and noncriminogenic needs within offender treatment programs, which found in part that programs addressing "Antisocial Feelings" were associated with significant reductions in reoffending. These studies, by no means conclusive, hint at the possibility that anger management may play a role in reducing recidivism in offenders.

In summary, no definitive claims can be made about the effectiveness of anger management programs within correctional settings. This is due to both the limited number of studies available and the great variety of curricula, populations, settings, and research methodologies found within this small body of research. However, the

studies reviewed suggest anger management in corrections may be effective, decreasing anger and aggression, in addition to many other dependent variables, perhaps even playing a role in assisting with decreasing recidivism. Though no meta-analysis has computed an average effect size for these studies, it could be hypothesized that the effect may be smaller (low to moderate) than anger treatments in general, given the additional issues (resistant population, higher anger levels/aggression pre-intervention, etc.). These statements are tentative, given the literature limitations, especially as outcome studies on anger management in corrections have only begun being published since 1993 (Hughes, 1993; Hunter, 1993), a little over ten years ago. Much more research needs to be conducted before we can answer the following questions: Is anger management more effective than no treatment in different outcome variables; if yes, what specific variables? Are there specific anger management programs that work better for particular offender populations? Does anger management contribute to recidivism; do the effects of anger management programs last; and if yes, for how long?

Recent Trends and Future Directions. Much of the research reviewed here came out of evaluations in other countries, such as Canada and Australia. The Forensic and Applied Psychology Research Group at the University of South Australia has recently begun conducting evaluations of anger management programs with Australian offenders utilizing an innovative conceptualization on how to measure offender anger management outcomes. This research group not only measures anger knowledge and levels, but has begun systematically examining offenders' readiness to change levels. To do so, they modified the Readiness to Change Questionnaire (RCQ; Heather &

Rollnick, 1993), assessing offenders' stage of change, in their motivation level to deal with anger (Williamson, Day, Howells, Bubner, & Jauncey, 2003). The result was the Anger Readiness to Change Questionnaire (ARCQ), which they administered to a large sample of offenders who were taking anger management programs in Australia. They found that the initial level of readiness to change may act as a moderator on treatment effect:

> Treatment seems to be more effective for those who are initially more motivated to change; however, those who become more motivated (over the course of treatment) do not necessarily make greater gains (p.304).

This finding suggests that offenders' pre-intervention level of readiness to change may be a good predictor of their outcome in an anger management program, though a difference in pre/post level of readiness to change may not be related to improvements. Howells, Day, Bubner, Jauncey, Williamson, Parker and Heseltine (2002) state that motivation and readiness to change in offenders has been an area within the literature lacking much consideration, with the exception of Serin (1998) and colleagues (Serin & Kennedy, 1997) in Canada, who first began exploring its effect with the Treatment Readiness Scale. Investigating how motivation for treatment may affect outcomes is a recent trend in the correctional anger management literature, stemming from authors in other countries. The direction of future research in this area is in further examining the relationship between motivational factors and outcomes, to see whether or not there is a correlation or causational influence. Clinically speaking, if programs target readiness to change levels in offenders', anger management programs may become more effective.

The Current Study. This current study seeks to expand on the research the Forensic and Applied Psychology Research Group in Australia have begun to establish, by continuing to examine offenders' readiness to change levels. In addition, this project seeks to fill gaps in the literature, building on previous work. This writer is not aware of any studies published that focus on the effectiveness of programming in detention centers in particular, nor a single published study that this writer is aware of that assessed the efficacy of correctional programs for Spanish-speaking inmates. Examining what is known from the correctional anger management literature and what is not yet understood, it is apparent that more research needs to be conducted that attempts to: 1) address these deficits in the literature (specific setting and explore readiness to change levels); 2) inclusively target diverse inmate populations; 3) decrease methodological flaws; and 4) overcome (as much as possible) the facility limitations on research. This specific research study is a step in that direction, to contribute to the correctional literature and empirically impact clinical anger management interventions.

Overview and Hypotheses

This study was designed to focus on identifying and understanding the answers to the following research questions: 1) what can we learn about the participants in the anger management groups; 2) are these groups effective; and 3) what do participants report as their subjective experiences of the groups? No specific hypothesis was generated for research question #1 (identifying characteristics of group participants), given its exploratory nature. Regarding question #2, it was hypothesized that after completing the program, participants would increase in their readiness to change (the

way they deal with their anger). Also, it was hypothesized participants would demonstrate retention of at least more than half of the content curriculum provided during the intervention. On question #3, given prior verbal and written feedback about the groups from past interventions, it was anticipated that participants would continue to provide positive feedback about the groups, though areas of focus were not specified.

Method

Description of Research Environment/Program Curriculum

Facility Specifics/Research Location. The Donald W. Wyatt Detention Facility is a detention center located in Central Falls, Rhode Island, that is privately owned by Cornell Companies, Inc. It is operated in coordination with the U.S. Marshals service, and holds male federal inmate detainees, some of whom are pre-trial and others who have already been sentenced and are waiting to be moved to another correctional facility. The Wyatt has the capacity to hold between 310-330 male detainees (with the average daily population in 2002 being between 300-330 detainees) and has achieved and maintained accreditation from the American Correctional Association.

Program to be Evaluated. Since 1998, the Psychological Consultation Center (PCC), the URI psychology departmental community clinic, has maintained a contract with the Wyatt to provide anger management/substance abuse group programming to their detainees. Under this contract, graduate students in the clinical and school psychology programs co-facilitate these psycho-educational groups which are supervised by two licensed psychologists, Maria Garrido, Psy.D., (on-site supervisor) and Ann Varna Garis, Ph.D. (off-site supervisor, and PCC Clinic Director). Graduate students provide two concurrent groups, one English-speaking and one Spanish-speaking. Students receive for program credits, clinical hours to count towards internship application, and an hourly wage.

The URI anger management/substance abuse groups are held at the Wyatt facility, one morning weekly, for an hour and a half, in two versions: a Spanish-speaking group and an English-speaking group. Each group meets for an entire

"cycle" of approximately seven classes that are divided equally between covering both the anger management portion (covered first), and then the substance abuse component. Officers escort the detainees to the locations, and student co-facilitators can also have facility employees call for individual detainees as well.

Program Curriculum. The group curriculum is based on cognitive-behavioral principles, drawing primarily on presenting the social learning theory/behaviorist model of Stimulus ----- Response → Outcome/Consequence, similar to Kassinove and Tafrate's (2002) "anger episode model." This basic model is introduced in both the anger and substance components, and serves as the basis for discussing constructive, alternative responses. The first half (approximately 3.5 sessions) of the URI program addresses anger management from a cognitive-behavioral perspective. In these sessions, anger is defined, physiological and behavioral responses are identified, and common myths about anger are challenged. The group also spends one session on outlining the consequences of destructive responses to anger, by dividing the easel pad into four quadrants of life that can be affected by anger: financial, physical/health, social/family, and thinking/feelings. The detainees are then asked to think about common ways of responding with anger, and in the past how they have responded causing consequences in each of these areas.

Another session focuses on introducing the Stimulus ---- Response → Outcome/Consequence model in terms of anger. The model is broken down into these parts, and detainees discuss what triggers their anger, what responses have been made in the past, and what type of short-term and long-term consequences have developed as a result. Examples from the group are used to reinforce this model and explore

where constructive alternatives to previously destructive responses can be made. (This includes: avoiding the stimulus, interpreting the stimulus differently, giving yourself more time before responding, weighing pros and cons of the situation, having alternative responses or "game plans" ready to go in your mind, and anticipating consequences before they happen.)

The program shifts to emphasizing information about substance use and behavior, using Willoughby's (1979) model of "the alcohol-troubled person," half way through the seven-week cycles. Detainees are explained that though alcohol is used in many of our teaching examples in talking about substances (because it is the most prevalent and accepted in our society), principles being taught apply to any substance at all. The group in encouraged to use examples from their past and others' they have known, going again through the exercise of listing the four quadrants of life on the easel pad and reflecting on consequences of substance use. A session also re-explores the Stimulus – Response→ Outcome/Consequence model, this time getting detainees to think about the process of using substances. Triggers are identified and typical responses are discussed, as well as potential consequences. Alternative solutions to using substances are brainstormed within the group, including specific places within the model where behavior change can happen. In the last session, the transtheoretical model (TTM) is explained to the detainees, and they are asked to gauge where they may fall in these stages of behavior change (Prochaska & DiClemente, 1984; 1986). A discussion about relapse as a natural part of change prompts detainees to think through whether relapsing is good or bad, and how that might affect the changes they are

trying to make. A review of the group curriculum, and concluding comments and a program satisfaction questionnaire, ends the group cycle.

Participants

A total of 75 male detainees at the Wyatt Detention Facility participated in the URI anger management/substance abuse psycho-educational groups during the 2004-2005 academic year. During this year, four English-speaking and three Spanish-speaking psycho-educational groups were provided; the English-speaking groups had an average of eight participants in each group, while the Spanish-speaking groups had an average of 11 participants. In addition, an initial "pilot group" (N=9) completed only the pre measures. Out of all 75 participants, only one detainee attended the group, but chose not to participate in the research component. Therefore, a total of 74 male detainees (38 English-speaking and 36 Spanish-speaking group members) participated in this research study, meaning they completed at least one set of measures (pre measures, post measures, or both). Within these totals, 15 English-speaking participants and 16 Spanish-speaking participants completed both pre and post measures; 16 English-speaking participants and 10 Spanish-speaking participants completed only the pre measures; and 7 English-speaking participants and 10 Spanish-speaking participants completed only the post measures.

Frequency statistics reflect that approximately half of the participants in both the English and Spanish-speaking groups were between the ages of 25-35 years old and 75% of participants had high school education or less. Participants in the English-speaking groups self-identified their race/ethnicity as either White (Anglo-Saxon), African American, Hispanic American or Latino, or Multiracial. Participants in the

Spanish-speaking groups all identified as either Hispanic-American or Latino. In both groups, the majority of detainees participated in the psycho-educational group of their self-identified primary language. Close to two-thirds of both language groups reported still awaiting sentencing for their charge.

Measures

The measures included questionnaires devised by this researcher and were revised using input from both the University of Rhode Island Institutional Research Board and the Wyatt administration. The questionnaires are self-report measures that cover background/demographic information, previous participation in Wyatt/other prison programming, past alcohol and substance use, anger levels, content/curriculum of the program, and an open-ended feedback form asking questions about program satisfaction. In addition to these questionnaires, the Anger Readiness to Change Questionnaire (ARCQ) and Motivation Ladders (assessing readiness to change ways you deal with anger and substance abuse) were also included. (See Appendices C - H for the specific questionnaires used).

These questionnaires were written (or for the ARCQ and Motivation Ladders, had been previously written) in English and for this project, were translated into Spanish by Ana Bridges, the primary student coordinating the data collection and student supervisor of the URI anger/substance abuse groups. Ms. Bridges is originally from Argentina, speaks fluent Spanish, and has assisted in translating measures into Spanish in other research projects. Once these measures were translated into Spanish, Dr. Maria Garrido, Adjunct Professor of Psychology at the University of Rhode Island and clinical supervisor at the Wyatt Detention Facility, who is originally from Puerto

Rico and speaks fluent Spanish, back-translated the measures into English. Together Ms. Bridges and Dr. Garrido revised the measures which were used for the Spanish-speaking groups.

The measures were:

1. Background Questionnaire. This questionnaire included multiple choice and fill-in items asking questions on: 1) demographic information (age, race, education level, etc.); 2) current sentencing status and past incarceration history; 3) current and previous participation in prison programming (at the Wyatt and past institutions); 4) previous participation/help-seeking behaviors for counseling/help with problems; and 5) reasons for participating in this anger management/substance abuse group.

2. Alcohol/Drug Use Questionnaire. This includes multiple choice, checklist items, asking about previous use of alcohol and other drugs in the most before the participant was arrested. It also asks about age of first alcohol use, age of first drug use, and past participation in alcohol/drug programming.

3. Anger Readiness to Change Questionnaire. This scale was adapted by Williamson et. al (2003) from the Readiness to Change Questionnaire (RCQ) which was developed by Heather and Rollnick (1993). The RCQ is a 12-item questionnaire based on Prochaska and DiClemente's (1984; 1986) Stages of Change model designed to identify stages of change among problem drinkers. Williamson et. al (2003) adapted the RCQ to assess stages within the context of anger problems by changing the wording of each item from alcohol to anger. The participants responds to each item on a five-point Likert scale, and is scored on a range from -2 (strongly disagree) to +2 (strongly agree). There are four items for each of the three stages of change

(precontemplation, contemplation, and action); precontemplation items are reversed scored and added into the sum of the other stage items. This questionnaire can be scored either by the quick method (simply adding each scale and identifying the participant's stage of change based on the highest scale), the refined method (looking at the pattern of responses), or the continuous method (summing all the items, with scores towards +24 corresponding to greater readiness to change).

Reliability analyses of the ARCQ revealed satisfactory internal consistency for the scales (precontemplation x=0.82; contemplation x=0.79; action x=0.78) (Williamson et. al, 2003). Construct validity was assessed and resulted in three factors corresponding to the precontemplation, contemplation, and action stages. Results from confirmatory factor analysis showed a

> good fit to the data such that the stages of change can be conceived as a continuum of readiness to change whereby those high on precontemplation and low on contemplation and action are low in readiness to change, and those high on contemplation and action and low on precontemplation are high in readiness to change (p. 305).

The authors also state the measure may be a "more appropriate measure of a continuum of readiness to change rather than of stage of change" (p. 305). The ARCQ showed strong convergent validity with a questionnaire based on the Serin Treatment Readiness Interview, however there is some question as to the ARCQ's predictive validity. (This will be further explored in the Discussion section).

4. Anger Feelings Questionnaire. This includes two self-report items on a Likert-scale of 1 to 10, asking "how angry do you feel right now" and "how angry do you usually feel, on most days?" On this subjective scale, the number one equals "not angry at all – no anger," with ten equaling "the most angriest I have ever felt."

5. Motivation Ladders. Developed by Becker, Maio, and Longabaugh (1996), these motivation ladders are a visual depiction of a "ladder" with rungs on going up the ladder corresponding with statements on the side of the picture, one item for each of the five stages of change. The participants reads each item (e.g., "Taking action to change substance use") and then colors the circle next to the item that shows where they are at right now in thinking about either changing the way they deal with anger or substance use. There are two separate Motivation Ladders presented, one assessing changing the way the participant deals with anger and substance use, respectively.

6. Content/Curriculum Questionnaire. This questionnaire includes 10 sets of multiple choice items assessing knowledge of the curriculum learned in this URI psycho-educational group. Questions cover the areas of the S-Rx (stimulus-response, outcome) model, the transtheoretical model/stages of change, relapse, anger management, and areas of life that can be affected by anger and substance use.

7. Program Feedback Questionnaire. This is an open-ended feedback form asking questions about the participants' experience of the URI groups. Questions include asking about what the participant liked most and least in the group, if anything new was learned, if they would recommend the group to others, and what they would like to see changed.

Procedure

Participation in the study was fully voluntary. Research participants were recruited from the URI anger management/substance abuse group participants; these group members were recruited from the Wyatt Detention Facility's population of male detainees. Recruitment was conducted through program announcement flyers posted

in the detainees' living quarters, the "pods," and group co-facilitators visited the pods to introduce the groups to the detainees, by providing a description of program curriculum and answering detainees' questions. Detainees who were interested in participating in the program were directed to submit request slips to the Wyatt's program administrator, designating whether they are interested in the English-speaking or Spanish-speaking group. Participation rosters for each group were compiled by the program administrator, who reviewed each group for security consideration, separating any detainees who were currently on "keep away status" from each other. On the first day of each group, a group co-facilitator read the consent forms aloud to detainees, described limits of confidentiality, and answered questions; the volunteers signed consent forms for participation in the groups (See Appendix A).

Participants for the research component were recruited from these detainee group members. Group co-facilitators explained the research portion to the group, emphasizing that any and all participation in the research study is completely voluntary and that non-participation in the research component would not result in any negative consequences from either the group co-facilitators or the Wyatt Detention Facility; group members were also told it would not affect whether or not they received a certificate of attendance at the end of the program. It was clearly explained to the group members that if they chose to participate in the research portion, they could drop out and stop participating at any time along the process without repercussions. Group co-facilitators described what participation in the research study would entail and read aloud the Research Consent Form (See Appendix B), specifically filling out questionnaires before and after the group that included

questions about their background/demographics, anger levels, past substance use, attitudes towards treatment change, questions about the program curriculum, and program satisfaction. Group members were explained that completion of these questionnaires will help group co-facilitators and researchers to have more information about how the groups work and their effectiveness. After answering detainees' questions, detainees interested in participating in the research signed Research Consent forms which were collected by the group co-facilitators.

Before the first group was conducted, group co-facilitators visited the detainee pods to introduce the groups and the research study. Detainees interested in participating in the groups, signed consents for group participation; those detainees who expressed interested in participating in the research component signed Research Consent forms and completed the pre-measures in the pods on this day. While this group (N=9; 5 English-speaking and 4 Spanish-speaking participants) completed the pre measures, they did not return to attend the psycho-educational group and no post measures were completed. This group of pre measure data was then used as "pilot study" information which helped to revise the measures and procedures. When this group completed the pre measures, they expressed frustration with the Content/Curriculum Questionnaire, as they had not yet participated in the program and stated they did not know what the questions were asking (topics specific to the program: stimulus-response, outcome; TTM, relapse, etc). The decision was made to only include the Content/Curriculum Questionnaire as a post measure, which would decrease initial frustration and allow more time for pre measures. This "pilot study" group also expressed confusion on the format of the Motivation Ladders and with the

ARCQ. In order to assist in clarity of the measures, the Motivation Ladders were revised to only include a checklist of the items (removing the depiction of the ladders). The ARCQ was then presented in a different visual form (Likert scale numbers presented in boxes with the words "true to not at all true" changed from "strongly disagree to disagree").

Pre measures were then completed by each research participant at the time of each initial group meeting, after filling out the Research Consent form. After the consent forms were collected, the pre measure questionnaire packets were given to each research participant. Pre measures were combined in to a "pre measure packet," which included the following questionnaires: Background Questionnaire, Alcohol/Drug Use Questionnaire, Anger Readiness to Change Questionnaire, Motivation Ladders (anger and substance use), and the Anger Feelings Questionnaire. The group co-facilitator recorded on a master list the detainee's names with their corresponding research number (found on the pre measure packet). A group co-facilitator then read each direction and item aloud to the group of research participants to facilitate their understanding of the content and process. Participants were advised to ask the group co-facilitators if they had any questions or wanted a group co-facilitator to record their responses for them. This was done to try and minimize any potential discomfort a participant may experience if they have any problems with writing their answers. Group co-facilitators reported that several participants did ask for help and that this research process of completing the pre measures as a group (with group instruction and answering questions) helped to foster group cohesion before curriculum was presented. Time for completion of the pre measures took

approximately 30-40 minutes. A master list with the names and corresponding research numbers was kept at the URI clinic (in a locked filing cabinet, with access restricted); this master list was shredded after pre and post measures were linked and only included research numbers, no identifying information from the detainee participants.

At the end of the psycho-educational group, the last day of the group cycle, the program curriculum was ended with a review of the material and attendance certificates were presented to the group participants, as well as donuts and orange juice. Post measure packets (including the following measures: Content/Curriculum Questionnaire, Anger Readiness Questionnaire, Motivation Ladders, and Anger Feelings Questionnaire) were then passed out to the research participants with their corresponding research number (linking pre and post measures together). Again, a group co-facilitator read aloud each direction and item, and help to record items was again offered and provided to research participants. Upon completion of the written answers, the post measure packets were collected. Program Feedback questionnaires were also passed out and completed by research participants.

Statistical Procedures

All quantitative data were compiled using SPSS programs. The qualitative data (reasons given for participation in the groups and the Program Feedback form) were entered into word processing documents and coded for themes.

Results

Quantitative Data

Participant Characteristics

Frequency statistics were conducted on the categorical and continuous variables to determine group sizes, examine any unequal pattern of missing data, and to check for entry errors. In addition, descriptive statistics (mean, standard deviation, minimum and maximum levels, skewness, and kurtosis) were conducted on the continuous variables. These summary statistics between language group (English-speaking and Spanish-speaking) were also compared. Due to the small sample size and some non-normality of the data, non-parametric statistics were chosen. Chi square (for categorical variables) and Mann Whitney U (for continuous variables) tests were conducted to compare the language groups on background demographics.

Background Information on Entire Sample. Demographic data are presented in Table 2 for all participants who completed at least the pretest measures, by language group. Overall, the majority of detainees who completed these measures: about half the men were in the age group 25-35, self-identified as either Hispanic-American or Latino (66.1%), were split in terms of self-identified primary language (about half English, half Spanish), had a mean range of education between some high school through some college courses, 58.6% had never been in prison before their detention at the Wyatt facility, 75.9% were still awaiting sentencing, 60.3% had participated in a program at the Wyatt before, half had sought help previously for a problem before their arrest, and 57.1% had previously participated in a drug program (out of which only 28.1% reported that program as "helpful"). The majority of detainees who

completed at least the pretest measures reported being arrested between ages 17-25, had been in prison between 1-3 times previously, and began their alcohol and/or drug use at approximately age 16. The participants were near-evenly split in reporting on the following variables: whether they were currently participating in another Wyatt program (yes, no); frequency of drug use (low, medium, high); frequency of alcohol use (low, medium, high); and, out of those who sought help before their arrest, helpfulness (yes, no). Just over half of the participants indicated they were single drug users, while the remaining nearly evenly split between those reporting no drug use and those reporting multiple drug use. Generally, participants reported the top three methods they learned about the groups/were recruited included: flyers posted; another inmate; and graduate student recruiting in the pods.

Almost all of the 28 members of the Spanish-language group reported their primary language was Spanish, with only 3 members reporting their primary language was English. Twenty members of the English-language group reported their primary language was English; 3 reported their primary language was Spanish; 7 reported both languages (English and Spanish) were their primary languages; and one reported his primary language was "other." Therefore, the majority of participants chose to participate in the psycho-educational group of their self-identified primary language.

Comparison of Language Groups. Chi square analyses were conducted on each categorical variable to assess whether or not the English-speaking and Spanish-speaking groups are significantly different in background demographics. Age was divided into two categories (18-35, older than 35 years). Education level was divided into three categories (less than graduated high school, graduated high school/has GED

degree, some college/graduated college). Questionnaire completeness was divided into three categories (pre measures only, post measures only, pre and post measures complete). Sentencing status was divided into two categories (sentenced, not yet sentenced). First time in prison status was divided into two categories (first time – yes, no). Anticipated time to be detained at the Wyatt was divided into three categories (3-6 months, 6-12 months, more than one year). Previous participation in Wyatt programs, participation in other Wyatt programs, previous participation in programs in other prisons, and previous participation in drug programs were each divided into two categories (yes, no). Helpfulness of drug programs was divided into two categories (helpful, not helpful), and only analyzed for those who reported they previously participated in drug programming, (n=32). Frequency of alcohol use was divided into three categories (low: never to 2 times a month; medium: 1-4 times a week; high: everyday or almost everyday use). Type of drug use was divided into three categories (none, single drug use, multiple drug use). Frequency of drug use was divided into three categories (low use: never to 2 times a month; medium use: 1-4 times a week; high use: almost everyday or everyday use). Method of recruitment was divided into four categories (flyer, another inmate, student in the pods, other).

Mann Whitney U tests were performed on the continuous variables of age of first arrest, number of times in prison, age of first alcohol use, and age of first drug use, as tests for normality (graphs and descriptive statistics) indicated skewness and kurtosis levels were within normal limits, except for the skewness level on the variable "age of first drug use." The Kolmogorow-Smirnov statistic indicated non-normality of the values and several outliers were found (two in the English group, age of first

arrest; three in the Spanish group, number of times in prison; three in the English group, age of first alcohol use; two in the English group, age of first drug use; and two in the Spanish group, age of first drug use). Given the non-normality of the values, Mann Whitney U tests were chosen to compare the two groups (by language group) on these variables.

Demographic information. English-speaking and Spanish-participants were not found to be significantly different on age, survey completeness, or sentencing status. On education level, there was a marginally significant difference between the two language groups, X^2 (2, n=58) =5.926, p=.052. A closer qualitative examination of these frequencies reflects that more Spanish-speaking participants (65.2%) had less than a high school education than English-speaking participants (34.8%). More English-speaking participants (71.4%) had obtained a high school diploma/GED degree than Spanish-speaking participants (28.6%). Equal numbers of English-speaking and Spanish-speaking participants had some college education or had graduated from college.

A comparison of frequencies between language groups reflected a difference in self-identified race/ethnicity. Of Spanish-speaking participants who completed the pre test measure and answered this specific question (n=28), all self-identified as either Hispanic-American (32.1%) or Latino (67.9%). Among the English-speaking participants who completed the pre test measure and answered this specific question, 29.0% self-identified as Hispanic-American and 6.5% self-identified as Latino. In addition, 25.8% self-identified as White (Anglo-Saxon); 22.6% self-identified as African-American, and 16.1% self-identified as Multiracial. For both language groups,

in the section next to Latino, space was provided for the participant to list his country of origin. For the Spanish-speaking group, these included: Puerto Rico (N=5); Columbia (N=1); Cuba (N=5); Dominican Republic (N=8); Guatemala (N=1); and Mexico (N=1). For the English-speaking group, these included: El Salvador (N=1); Puerto Rico (N=3); and West Indies (N=1). Out of the five English-speaking participants who identified as Multiracial, specified self-identifications included: African American and Hispanic American (N=2); White and African American (N=1); Hispanic-American, Latino, and Puerto Rican (N=1); and White and Asian American (N=1).

Method of recruitment was also found to be different between the English-speaking and Spanish-speaking groups, X^2 (1, N=56) =7.577, p=.006. For 63.3% of the English-speaking participants, a flyer was the reported method of recruitment into the group, while for 76.9% of Spanish-speaking participants other methods of recruitment were reported. These included: another inmate (N=11), listing in the detainee handbook (N=2), correctional officer (N=1), student in pods (N=5), multiple methods (N=1). For both language groups, students recruiting in the detainee pods worked about the same (N=5 for each language group).

Prison/criminal history. Language groups differed on their criminal history, with 70.8% of Spanish-speaking participants who reported it is their first time in prison, as opposed to 29.2% of English-speaking participants, X^2 (1, N=58) =9.702, p=.002. A significant difference was also found between language group on the amount of time participants anticipated they would be detained at the Wyatt facility, X^2 (2, N=52) =7.077, p=.029. Upon a closer examination of these frequencies,

categories were collapsed and an additional Chi square was conducted: language group (English, Spanish) by anticipated Wyatt time (less than one year, one year or more). This analysis showed that more English-speaking participants anticipated being at Wyatt for more than one year (76.2%) than Spanish-speaking participants (61.3%), X^2 (1,N=52)=7.077, p=.008. English-speaking participants were more likely to be arrested at an earlier age (median age: 17), as compared with Spanish-speaking participants (median age: 25), U = 134.000, z= -3.74, p=.000. English-speaking participants had also been in prison more frequently (median number of times: 2.50), as compared to Spanish-speaking participants (median number of times: 1.00), U =211.500, z =-3.373, p=.000.

Help seeking behaviors. When compared, English-speaking and Spanish-speaking participants showed no differences on most help-seeking behavior variables, such as previous or current program participation in prisons (previous participation in Wyatt programming, current participation in other Wyatt programming, previous participation in programs in other prisons, previous drug program participation). However, Spanish-speaking participants (25%) were less likely to have sought help for issues before their arrest, X^2 (1, N=52)=6.257, p=.012, as compared to 64.5% of English-speaking participants. All participants (total N=27; N=7 Spanish-speaking participants; N=20 English-speaking) who reported they had previously sought help indicated they found it helpful. No difference between language groups on having previous participation in a drug program, but of those who had done a drug program before (N=32), only 28.1% found it helpful. The majority of both language groups

indicated that their previous drug program was not helpful (66.7% of Spanish-speaking participants; 75% of English-speaking participants).

Alcohol and drug history. The difference between language groups on the variable of type of drugs used (none, single drug use, multiple drug use) nearly reached significance, X^2 (2, N=57) =5.955, p=.051. To further clarify this finding, and to correct for the small cell size in one cell (n-=4), drug use was collapsed into two categories (yes, no) and a Fisher's exact test was perfomed, resulting in a significant difference (p=.038). More English-speaking participants (86.2%) reported using drugs than Spanish-speaking participants (60.7%). The most frequently reported drugs were marijuana and cocaine.

Although two cells had N's of 4, less than the minimum of 5 per cell, Chi Square analyses were performed for exploratory purposes on the categorical variable of frequency of alcohol use by language group. A significant difference was found: X^2 (2, N =57) =13.801, p=.001. Examination of frequencies indicated a pattern of most Spanish-speaking participants reporting either low alcohol use frequency (never to twice a month, 50%) or high frequency (everyday or almost everyday, 35.7%). In contrast, the majority of English-speaking participants (62.1%) reported using alcohol with medium level of frequency (1-4 times a week). English-speaking and Spanish-speaking participants did not differ on the age of first alcohol use, age of first drug use, or frequency of drug use.

Comparison of Pre Test Only and Completers

In order to determine whether or not participants who only completed the pre measures are different than those participants who completed the program, and thus the post measures, Chi Square tests (categorical variables) and Mann Whitney U Tests (continuous variables) were conducted. No significant differences were found on any of the background variables, including: demographics (age, race/ethnicity, education level, primary language, sentencing status, recruitment methods), alcohol and drug use history (age of first alcohol use, age of first drug use, drugs used, frequency of drug use, frequency of alcohol use), prison/criminal history (first time in prison, age of first arrest, number of time in prison, anticipated time in Wyatt), or help seeking behaviors (previous help sought, participation in drug programs, whether or not drug program was helpful, participation in programs in other prisons, participation in other programs at Wyatt in the past and currently).

In addition, no differences were found across groups (pre test only versus completers) on the pre measure, dependent variables of: readiness to change anger (ARCQ), motivation (Motivation Ladders; anger and substance use), and self-report anger level (Anger Feelings Questionnaire) were conducted. These statistics suggest there is no difference between the groups based on completeness status (See Table 3 for more specifics).

Group Effectiveness

To investigate the research question of whether or not the psycho-educational groups were effective, pre-post repeated measure comparisons were conducted on the dependent variables of the Anger Feelings Questionnaire, the Anger Readiness to

Change Questionnaire, and the Motivation Ladders (anger and substance use). The Content/Curriculum Questionnaire, given as a post measure, was also analyzed to understand how much information from the psycho-educational groups was retained.

Anger levels. Before analyses were conducted to examine the Anger Feelings Questionnaire, descriptives statistics (including frequencies, graphs, skewness, kurtosis, and other descriptives) were run to assess for normality of this dependent variable. The data for this variable (ratings from the Anger Feelings Questionnaire) were skewed, as most values were reported on the low end of the scale. Skewness and kurtosis were found to be slightly elevated on the post test values. Given these findings, the decision was made to choose non-parametric statistical procedures to analyze the data, as they do not assume normality of distribution and are used for ordinal data. Therefore, instead of paired t-tests, Wilcoxon Signed Rank tests were utilized. Mann Whitney U tests were used in language comparisons.

"Usual" level of anger. First, to see if these were differences on initial participants between language groups in overall anger most of the time, to establish a baseline, the Anger Feelings Questionnaire asked participants to rate their anger *on most days*, a Likert scale from 1-10, with a score of 1 indicating "no anger, not angry at all," to 10, indicating the "angriest I ever felt." English-speaking (Median rating = 3) and Spanish speaking (Median rating = 4) participants did not differ on their baseline levels of anger, how they "usually" feel, with both groups reported low levels of anger.

Current level of anger. The 31 participants who completed both pre and post measures reported a significant decrease in their subjective experience of current anger after completing the anger management group, as compared to pre-intervention time period, z=2.535, p=.011. Broken down by language group, English-speaking participants did not show a significant decrease in level of anger after the program, though the Spanish-speaking participants did, z= -2.217, p =0.027. Mann Whitney U tests found there was no significant difference between the English-speaking and Spanish-speaking groups' self-report on the pre-measure, current levels of anger, both starting out at roughly the same place, a low level of reported anger. The language groups did differ at post-measure period, with the Spanish-speaking participants reporting a lower level of anger than before starting the program, than the English-speaking group.

Motivation. The pre and post measure values of the Motivation Ladders were also analyzed to assess for any increase in motivation to change the way participants deal with their anger. Four incomplete cases were omitted (from the Spanish group: 1 missing pre measure, 2 missing post measures from the English-speaking group, 1 not completed). Exploration of normality was conducted on this dependent variable and revealed that skewness and kurtosis levels were within normal limits; however, the Kolmogorow-Smirnov statistic indicated non-normality. A closer look at the graphs (skewed to the right) and examination of the mean and median values also indicated non-normality, with a median value of 5, which is the highest value possible on this measure. When the values of this variable were broken down by group language, non-normality was also found within each separate language group, again with medians at

the value of 5 for both groups. Because of the non-normality of this variable, the non-parametric statistics of Wilcoxon Signed Rank tests and Mann Whitney U tests (for language groups) were again chosen.

Motivation to change anger and substance use. Wilcoxon Signed Rank tests revealed no significant difference in pre and post measure periods of motivation to change anger, as measured by the Motivation Ladders. Likewise, no differences were found pre to post measure periods within language groups (English pre to post; Spanish pre to post), or across language groups (English pre, Spanish pre; English post, Spanish, post). Looking at the motivation to change substance use according to the ladders, again, no differences were found in the entire sample, within language groups, or across language groups.

Readiness to change anger. To assess the participants' levels of readiness to change the way they deal with anger, the ARCQ pre and post measures were analyzed. Before running analyses, the ARCQ pre and post measures were scored according to the ARCQ authors (Williamson et. al, 2003) who discussed three methods of scoring this questionnaire: the quick method, the refined method, and the continuous method. The quick method of scoring takes a look at the sum of each subscale (precontemplation, contemplation, action) and for each individual categorizes that person's stage of change based on their highest subscale score. The refined method, which the authors advocate using, is conducted by summing each subscale score and determining if there is a discernable pattern between the subscales. If no meaningful pattern exists, no stage can be categorized. If the individual will be classified in precontemplation, if he/she has a high score on precontemplation, and a negative/zero

score on both contemplation and action. If an individual has a negative or zero score on precontemplation, but has a positive score on both contemplation and action, he/she will be classified into preparation or action. For these analyses, the continuous method of scoring the ARCQ was used, which was computed by reverse scoring the subscale total of precontemplation and adding this value to the sums of contemplation and action. The resulting number is interpreted not as a specific stage of change, but rather on a continuum of "readiness to change," with higher, positive values representing higher readiness to change levels, on a continuum of -24 to +24.

Frequencies for the ARCQ were examined to detect patterns of missing data. On the pre measure, N=4 did not respond to one item (no pattern of the same item). For these four participants, the particular subscale (precontemplation, contemplation, or action) was identified. For each individual, their average of the other responses in this subscale was divided by three (number of other responses) and this average value was then imputed as the missing value. There was one participant who did not answer 5 items on the ARCQ pre measure. This case was omitted from the analyses, as 40% of the scale was not completed. On the post measure, six individuals did not respond to one item (no pattern of the same item). Using the same method previously mentioned, these values were averaged and imputed. One participant did not respond to two items. As these items were on different subscales, both values were averaged and imputed using this same method. For the Spanish-speaking group, two participants did not complete the pre and post ARCQ measures and were omitted from analyses. Total N for these analyses was 26, with 13 from the English-speaking group and 14 from the Spanish-speaking group.

Descriptive statistics on this dependent variable (three subscales and total scales, pre and post) revealed skewness and kurtosis levels within normal limits, however Kolmogorov-Smirnov statistics reflected non-normality. Overall, an examination of graphs showed overall normal distribution, though the post measure scales were skewed to the right, with boxplots reflecting some outliers (post measure of the contemplation subscale with 2 outliers; post measure of the action subscale with one outlier; post measure of the ARCQ total scale, one outlier). The skewness of values on the post measures can be understood as the values are closer to the higher end of the scale, which is the desired response, as it indicates higher readiness to change. An examination of the pre measure of the ARCQ and subscales and totals by language group showed two outliers, one English-speaking participant and one Spanish-speaking participant. In order to assess whether or not a data entry error was made, the original questionnaire answer sheets were checked and these values were confirmed as valid. The decision was made to keep the outlier values, and utilize non-parametric statistical analyses.

ARCQ total scores. Wilcoxon Signed Rank tests indicate that in general, participants showed a significant increase in readiness to change, as measured by the ARCQ, post-intervention, $z = -.2854$, $p = .004$. Results showed that the difference between pre and post ARCQ total measures for the English-speaking group was just over the significance level, $z = -1.929$, $p = .054$, but significantly different for the Spanish-speaking participants, $z = -2.080$, $p = .037$, indicating that they reported being increasingly "ready to change" the way they deal with anger after participating in the program. Across language groups, Mann Whitney U tests revealed no significant

difference when comparing pre ARCQ measure values (English pre, Spanish pre), or post ARCQ measure values (English pre, Spanish pre).

ARCQ subscale scores. In looking at the three separate subscales of the ARCQ (precontemplation, contemplation, and action), statistics reveal that post-intervention, participants only showed a significant difference (increase) for the action scale, z= -2.597, p=.009. English-speaking participants did not have a change in precontemplation or action scales, but in contemplation, with post-intervention scores significantly increased, z= -2.05, p=.040. Spanish-speaking participants showed a significant increase in only the action stage, no other subscales, z= -2.955, p=.003.

Similar comparisons across language groups by ARCQ pre subscale measures also resulted in no differences, with one exception (See Table 4). English-speaking participants had significantly higher post-intervention scores on the precontemplation subscale, as compared to Spanish-speaking participants' levels, U=37.00, z=-2.823, p=.005.

Content/curriculum retained. To understand how much group curriculum was retained by the participants, frequency statistics were conducted on those participants that completed the Content/Curriculum Questionnaire (CCQ), as part of the post measure period. As previously mentioned, this questionnaire was originally intended to be administered in both the pre and post measure time periods. However, given the amount of time needed to read each item/scenario aloud to the groups in combination with the pilot group's expression of frustration and confusion at not knowing the terms used, the decision was made to only include this measure in the post time period. The assumption was made that the participants had not had prior knowledge of our specific

curriculum (S-Rx model, transtheoretical model, relapse, etc.). Analyses excluded the pilot study values, with a total N=42: 20 English-speaking participants and 22 Spanish-speaking participants. Two participants' responses (one English-speaking and one Spanish-speaking) were omitted from the analyses, as the English-speaking participant's CCQ total was missing seven responses and the Spanish-speaking participant's CCQ total was missing 13 responses.

CCQ totals. The mean total percentage correct (both language groups combined, n=42) on the CCQ was 85.7%; the median percentage correct was 85%. A Mann Whitney U test conducted by language group resulted in no significant difference, U=177.00, z= -1.097, p=.273 (English-speaking group median percentage correct=85%; Spanish-speaking group median percentage correct=90%). Table 5 shows the percentages of participants, separated by language group, who responded correctly to each item on the Content/Curriculum Questionnaire.

Language group comparisons. Chi square analyses were conducted to determine whether or not there were any significant differences between the individual CCQ responses based on language group. The results showed that across language groups, only one question was significantly different, X^2 (1, n=43) =5.119, p=.024 (with one cell less than n=5, continuity correction used): True or False, Relapse is a natural process of change). On this question, the Spanish-speaking group answered this question more correctly (100% correct) as compared to the English-speaking group (71.4%). The rest of the questions were not significantly different when compared across language groups (See Table 5).

Pilot group analyses. Frequencies were also conducted to see how many participants from the pilot group who completed the Content/Curriculum Questionnaire at the pre-intervention period responded correctly to these items. This pilot group included nine participants, four Spanish-speaking and five English-speaking participants. Table 6 shows a breakdown of percentages correct on the Content/Curriculum Questionnaire on each item, between the pilot group (n=9) who completed the CCQ pretest, and those who completed the CCQ in the posttest period (n=44). This analysis shows that the posttest group scored higher on each individual CCQ item, except for two questions on the transtheoretical (TTM) model of change. Specifically, the pilot/pretest group scored higher versus the posttest group (88.9% versus 68.2%, and 77.8% versus 59.5%, respectively) on the two TTM questions. The groups scored just about equally as well on a question regarding the S—Rx model (pretest group 55.6%, posttest group 55.8%).

Qualitative Data

Reasons for Participation

Responses to the open-ended qualitative question of "why did you decide to participate in the URI anger management/substance abuse groups?" were compiled and coded for similar themes (n=30 English responses; n=25 Spanish responses). Thematic categories included: learning, understanding, future, internal/acknowledgement, external reasons, other/general interest and curiosity of the group. The theme with the largest single percentage in both the English and the Spanish groups was internal/ acknowledgement (46% of English responses; 44% of the Spanish responses). These reasons for participation in this category included

language that reflected the participant's acknowledgement of internal problems and the need for help, including "I have an anger problem," "Because I feel I need help to be able to control my temper a little," "Because I lack a lot of things to learn and control a lot of things in my life," "Because I need help with my addiction, I have drug problems," "Anger problems along with mental health."

In contrast, only one participant in each of the groups (3% of the English group responses and 4% of the Spanish responses), stated a participation reason that could be potentially interpreted as an external reason ("I think it's necessary for my family relations. Right now my life is affected by all of the negativity in society." "Anger management and maybe receive a certificate to show the judge that I'm trying to better myself"). With these two comments, it is unclear by the language of the statements whether or not the participant felt they were participating for external gain (to help family; get a certificate), or if these external gains are in addition to a recognition of having a problem and needing to help themselves. Other thematic categories included: participants wanting to understand themselves and/or anger/substance abuse issues, the desire to learn more about these topics, focus on how this group could help them in the future (after prison), curiosity about what the group is about, or general comments ("It could help me"). Table 7 lists all of the reasons for participation, taken verbatim from the pre test measures.

Program Feedback Forms

In addition to the quantitative statistics previously reported, the program satisfaction questionnaires were coded for qualitative themes to better understand the detainees' experiences of the URI groups. This questionnaire asked the participants to

comment on what they liked most about the group, liked least about the group, what they learned that was new, what they would like to see changed, what was missing in the group, whether or not they would recommend the group to other detainees at Wyatt, and if there was anything done in the group that shouldn't have been done. Responses of a total of 47 participants (21 English-speaking and 26 Spanish-speaking) to the program satisfaction questionnaire's seven questions were coded for themes. These questionnaires were also compared with previous program satisfaction questionnaires that had been completed in the previous year's (2003-2004) groups. Generally, the responses from the English-speaking and Spanish-speaking groups were very similar. Overall, participants responded very positively to the groups, with a consistent strong theme of wanting the groups to continue, to have the time of the groups extended, or to meet twice a week.

Participants' responses to the program satisfaction questionnaire included not only comments about the specific content/topics of the group, but also feedback about the group process itself. When asked what they liked best about the group, participants responded to content (with a majority commenting about anger management curriculum, then substance abuse information, and the S—Rx model). They also responded positively about the group dynamics and process component, including statements about the group co-facilitators and the interactions between group members: "The instructors was wonderful. What I like most about the group is that it was helpful to me pertaining to my anger and substance abuse;" "The group staff was very nice. Learn a lot about abuse and anger;" "I think it's really good for the inmates and it help me a lot in dealing it in different ways. It was very interesting and I enjoy

the teachers." "There was trust among group members." "I really liked that I can control my anger and the cooperation of all the group members." "I liked the group participation." "Participation of individuals sharing information."

Participants indicated that either there was nothing they liked least about the group, or they didn't like the length of the group, with a majority of responses wanting the group to be longer, and one participant stating the group was too long. A few participants in the English-speaking group commented that the group was "too repetitive," though one participant stated, "What I like most about the group was how you guys kept bringing up, reviewing whatever we went threw the week before. Didn't just talked about it one week and let it [sic] for dead."

When asked what they learned that was new to them, participants again gave feedback on both content topics and group process. Participants commented that new information included the S—Rx model or "the formula," thinking before you act, what the consequences are (four areas of life affected by anger/substance use), and communication. Responses included: "About how there is a stimulus, time, response, consequence. I never look at it like that, until this class;" "Different ways to think about my actions;" "How to better manage situations;" "How to make decisions;" "How many different areas of your life is affected by the actions that you take."

The majority of participants indicated that there was nothing they would like to see changed in the groups, except for additional comments about increasing the length of time of the groups. "That it would be longer than 6 or 7 weeks;" "I liked the group, thought it was good, but I would have liked more week of class;" "Nothing other than the length of time of the class." A few participants commented that they would have

liked some more examples: "I would use more situational examples where your students could be put in situations and see how they would respond then analyze according to the lessons at hand." One participant indicated he would like to see more examples using romantic relationships.

This same theme (nothing to change, but wanting longer groups) was again reported when asked the question about what was missing from the groups, with a couple participants indicating they would have liked more group interaction, role-playing, and/or video scenarios to provide a visual part to the group. When asked if they would recommend the group to other detainees at Wyatt, the answer was almost unanimously yes, with only one participant responding "no don't change." However, it was unclear whether this person was answering the question on anything to change or if you would recommend the group to someone else. On the question asking whether anything was done in the group that should not have been done, every participant answered no.

Overall, responses to the program satisfaction questionnaire were similar across language groups, with one strikingly noticeable difference. The Spanish-speaking participants commented more on their connection with the group co-facilitators and between themselves and the other group members than the English-speaking participants did. For example, the English-speaking participants commented on how they "enjoyed the instructors", who were "nice" and "had good personalities," however, the Spanish-speaking participants' responses describing the group co-facilitators were more specific in how the co-facilitators treated them: "The relationship with the group facilitators;" "You didn't make fun of us;" "How you

treated us so well, so nicely;" "Personally this group is very important to help every person that comes because you can express yourself and they will help you understand. In other words, they hear you without criticism;" "What I most liked was that you listened to me and you taught me." Spanish-speaking participants also emphasized the group dynamics/process more in specifying liking their interactions with other group members: "I liked working in a group with my friends;" "The harmony and dialogue of the entire group;" "Sharing with group members;" "The subjects that are discussed are problems most of us have inside. What I most liked was the part about being able to express how I feel with others."

In addition to emphasizing more of the specific process/interactions with the group co-facilitators and other group members, the Spanish-speaking participants also differed from the English-speaking group on how they discussed recommending the group to others. While both the Spanish-speaking and English-speaking groups were in almost unanimous agreement to "yes" recommend the group to others, participants in the Spanish-speaking group additionally commented that they had either been recommended to the group by other detainees, had already recommended the group to others, or were planning on it: "Yes because it was recommended to me, and I would recommend it to others;" "Well I have already done so to many people and they will be in your next cycle."

Discussion

This research project was a formative program evaluation of the University of Rhode Island's anger management/substance abuse psycho-educational groups at the Donald W. Wyatt Detention Facility. Though this was an exploratory study, three general research questions were posed: 1) what can we learn about the participants of these groups; 2) are the psycho-educational groups effective; and 3) what do the participants report is their experience of the groups? This study used self-report questionnaires to obtain background demographics, information on previous alcohol and drug use, readiness to change anger and substance use, and a qualitative feedback form to evaluate program satisfaction and understand detainees' experiences of the group services.

Characteristics of the Participants

While URI has maintained a contract with the Wyatt to provide these psycho-educational groups for the past eight years, group co-facilitators from URI have not had any background information about the detainees who choose to participate in the program. From both a therapeutic and teaching perspective, not having contextual information to understand your client or "student audience," can limit the responsivity and the therapists' or teachers' approach or adaptation of technique to specific needs of the audience. The results from this current study provide a foundation for understanding a little more about who the detainee participants are. It is important to remember that the information collected was only that from the detainees that completed at least the pre measure background demographic form and cannot be generalized to include those participants who only completed the post test measures

(n=17; 23% of the participants), or individuals who may participate in future groups. However, since the overall nature of the population of the facility does not dramatically change over time, it is generally useful in training new group facilitators to understand more about the population with whom they are working.

Background Information. About half of the detainee population participating in the groups reported being between age 25 and 35 years old, and only two participants were older than 50 years old. A majority of the participants self-identified as either Hispanic-American or Latino. About half of the participants identified their primary language as English, half as Spanish, with a few participants whom indicated both languages, or "other." Generally, most participants chose to participate in the URI language group of their primary language. Other participants have commented they chose the opposite group in order to learn that language better. A majority (61.3%) of participants indicated they had at least a high school diploma/GED degree.

Having this information on the background and demographics of the group participants has both training and clinical implications. For example, from looking at this information, URI group facilitators can know that their "audience" and participants in the group are between ages 25 and 35 years old, with a majority of participants who identify as Hispanic-American or Latino. Clinical training and supervision of the groups should continue to focus on cultural issues, training facilitators to not only be aware of cultural differences, but explore how as a group facilitator these present within the group (specific examples, discussion of "respeto" as a personal and community value, focus on family dynamics, etc.). Facilitators should continue to encourage detainee participants to explain and discuss anger

management/substance abuse difficulties and strategies within the context their diverse backgrounds. Anecdotally, in previous groups, participants have responded positively to discussions about how different cultures, specifically individual parts of Central and Latin America, view these issues. By encouraging and asking participants to discuss their cultures' attitudes towards emotions and their expressions and traditions, facilitators can increase therapeutic alliance by not assuming generalized stereotypes, putting the participant first (participant as their own "expert"), and increasing therapeutic alliance.

Also, as half of the participants identify Spanish as their primary language, a recommendation to continue providing the intervention in both languages is highly encouraged, as resources allow. Encouraging detainees to choose the language group in which they would like to participate should continue as a practice, to empower participants and potentially increase treatment motivation and/or the therapeutic alliance. In regards to education level, while most participants reported having at least a GED/high school diploma or education, consideration should still be given when conducting the groups in terms of vocabulary level used (e.g., during TTM curriculum, explaining the stages in more basic terms) and fully describing concepts so that all participants understand the curriculum. In examining the participants' questionnaires and forms, given poor spelling and grammar levels observed, as well as the fluctuation across the academic level in state education systems, participants should be routinely asked to demonstrate their understanding of material (i.e., in review sessions at the beginning of each week, during the group by asking participants

to rephrase what they've learned, etc.). This way comprehension can be continually assessed and examples or re-explanations can be given as needed.

Prison/Criminal History. About 6 in 10 of the participants (58.6%) indicated this was not their first time in prison, but 4 in 10 of the participants reported being at the Wyatt was their first time incarcerated in prison. Most were pre-trial detainees, awaiting sentencing, with unknown futures within the system, although most (59.6%) anticipated spending one year or less at the Wyatt. Most participants were arrested at a young age (17-25), and report being in prison 1-2 times.

This information about prison and criminal histories informs URI facilitators that some of the participants are new to the prison system, while others have more experience. This has a clinical implication in thinking about other programs that URI may want to offer to the Wyatt detainees. Specifically, an adjusting to prison group or short workshop may be helpful to orient and alleviate some anticipatory anxiety for detainees who are new to the correctional system. A program like this may be helpful to include components such as coping strategies, how to access resources within the system, and some relaxation technique training. The fact that most detainees are pre-trial and not yet sentenced, may have an important impact on the participants' readiness for treatment and external motivation (e.g., wanting a certificate to show the judge). Future research could examine the difference between readiness to change levels in those participants who have not been sentenced against those who have. For the detainees that report having a history of criminal activity/recidivism, a group/workshop on criminal thinking patterns and cognitive errors, may be a more

helpful adjunct component or additional class, after these detainees participate in anger management groups.

Help-Seeking Behaviors. Half of the detainees sought help for a problem before arrest (all of whom reported it was a least a little helpful), a little more than half of participants previously participated in a drug program (with only about 28% who found it helpful), about half had participated in a program in another prison, and about half are currently participation in another Wyatt group. This informs the clinical intervention as half of the group participants have had a positive experience with seeking help for a problem before. These participants may be higher on their readiness to change level and may "know what to expect" from a program/group, while some participants may be less motivated to change and/or have had less experience with group programming. This would suggest group facilitators continue to provide an orientation in the first group meeting, discussing the expectations of the group, and what it is/is not (i.e., not NA, AA, intense group therapy discussing personal family issues, exploratory psychotherapy). Detainees can better make an informed decision about whether or not they want to participate in the group, after having an idea of what the structure and format of the groups will be like.

Alcohol and Drug History. The majority of participants reported first beginning to use alcohol and/or drugs as a teenager (median ages between 15-16 years old). Half of participants reported using alcohol with medium frequency (weekly use), with the other half of participants split between reporting low use (never to twice a month) and high use (everyday or almost everyday). Just over half (57%) of the participants had previously participated in a drug program, out of which 28% found it

helpful. When asked about their drug use in the month before being arrested, half (54.4%) of the participants indicated they were using multiple drugs, with the other half of the participants split between using a single drug or no drug use.

This information about past alcohol and drug use from Wyatt detainee participants suggests either lengthening the group to provide additional time to discuss more about substance abuse, or possibly having a separate, seven-week class solely addressing substance use and behavior change. Further research, perhaps in the form of a facility wide needs assessment of programming, may help to discern if/how many detainees would like more substance abuse programming. While an extensive program most likely could not be provided, substance abuse programming at the Wyatt may want to focus on increasing detainees' awareness of a potential problem with substances, with the goal of increasing their readiness to change and participation in a future correctional program at their next facility.

Recruitment Method and Reasons for Participation. The top three methods of recruitment into the groups, as reported by participants, included a flyer posting (almost half of participants), another inmate talking about the group, and students recruiting in pods, respectively. When asked why they chose to participate in the URI groups, a majority of participants gave "internal" reasons where they acknowledged having a problem and needing help. Other participants stated they wanted to gain greater learning or understanding of the anger and/or substance abuse topics.

These recruitment methods appear to be effective, given the response from the detainee participants. URI facilitators should continue to provide flyers (advertising the groups) to the program administrator, at least one week in advance of the groups

for posting in all the pods. If participation appears to decrease at some point in time, URI facilitators visiting the pods and talking to detainees about the groups may help increase interest.

Differences Between Language Groups. In comparing the two language groups (English-speaking versus Spanish-speaking participants) on the background variables, many of the demographics were found to be similar. However, the two groups did differ on some important factors. For example, as compared to the English-speaking group, all of the Spanish-speaking participants reported that their race/ethnicity was either Hispanic-American or Latino and they anticipated spending less time detained at the Wyatt. The Spanish-speaking participants were also more likely to be in prison (at Wyatt) for the first time, to have a lower number of times previously incarcerated, and have their age of first arrest at a much higher age than the English group.

These differences taken in combination, reflect a difference between the English-speaking and Spanish-speaking groups in terms of incarceration history. Taken in context with qualitative information from the participants during the group, it appears this difference may be in part, accounted for by Spanish-speaking members who are incarcerated for immigration issues and who are currently waiting for deportation. That would explain their report of anticipating less time at the detention facility and having a lower prison history than the English-speaking group, especially as the median number of times in prison for the Spanish-speaking group was one single time.

The two language groups also appear to differ on some reports of their drug and alcohol history. Results reflected more English-speaking participants reported

using drugs than the participants in the Spanish-speaking group. In terms of alcohol use, English-speaking participants reported using alcohol overall at medium frequency, as compared to the Spanish-speaking participants, who appeared to use alcohol at either low frequency (none to twice a month) or high frequency (everyday or almost everyday use).

Recruitment methods also differed by language group. The majority of the English-speaking group reported the single most method of recruitment as the flyer postings, where the Spanish-speaking group reported having another inmate recommend or tell them about the URI group. For the Spanish-speaking group, other recruitment methods were reported more frequently than the flyer posting (another inmate, notice in the handbook, correctional officer, etc.). Taking these findings into consideration with the feedback from the Spanish-speaking program satisfaction questionnaires and antidotal comments from the participants, this may be due to higher group cohesion between Spanish-speaking detainees before they begin the URI group. Spanish-speaking participants have commented that they recommend the group to others or have heard about the group from other "friends" at Wyatt. If we assume the Spanish-speaking population at the Wyatt is a small and close subgroup, the difference in recruitment methods is understandable.

Knowing that the two language groups differ on some factors, again a facility wide needs assessment may help understand if different programming may be needed for English-speaking detainees versus Spanish-speaking detainees. Cursory findings from this exploratory study suggest English-speaking detainees may need more programming on breaking criminal thinking patterns/and identifying cognitive errors,

where Spanish-speaking detainees may need adjusting to prison groups. However, this assumption cannot be made, as only participants in the URI groups completed the questionnaires.

Questionnaire Completeness. When analyses were done to compare background demographics on those participants who only completed the pre measures versus those participants who completed both pre and post test measures, no significant differences were found on any of the variables. This is highly promising, as it reflects there is no biased variable or factor that would differentiate these two groups or lead one to think that a certain subgroup of Wyatt detainees who begin the program drop out prematurely. In fact, observations of group facilitators over time have repeatedly commented on the high rate of retention in the groups, with a small amount of participants who don't return very early in the groups (usually after the first week), rather than near the end of the groups. When group facilitators have asked about participants who attended the group, but are not there for the last session (the administration of the post measures), those participants have usually been at court or have another conflict in schedule.

Effectiveness of the Groups

Readiness to change. One way that the effectiveness of the URI groups can be measured is in terms of readiness to change, specifically, whether or not detainee participants are ready to change the way they deal with anger or take some type of therapeutic action. In this study, readiness to change was measured by the ARCQ (Anger Readiness to Change Questionnaire), which was based on Heather and Rollnick (1993)'s Readiness to Change Questionnaire. The results of this current study

at the Wyatt revealed that detainees reported being a relatively high level of readiness to change the way they deal with their anger before they began the group program (pre measure median ARCQ=7.00, on a scale of -24 to +24).

As the URI group is a voluntary, self-selected program, it is makes sense that the participants enter the group with a certain level of readiness to change, as if they were simply in precontemplation or denial, they may not think they even need to take the group. This high level of readiness to change is also consistent with the qualitative reasons for participation (internal acknowledgement/recognition of having a problem and needing help) given by the majority of participants. However, future research could add in an additional measure (Serin's Treatment Readiness Scale, Serin & Kennedy, 1997) for a reliability check or include a social desirability measure (Marlowe Crowne Social Desirability Scale; Reynolds, 1982) to assess any effects of feigning self-report.

When the ARCQ was scored with the continuous method, analyses showed a significant difference in pre and post test readiness to change levels (Pre: median=7.00, Post: median= 12.25). Using this scoring method, it is difficult to identify stages of change at pre and post test time periods. The authors suggest the ARCQ may be a more appropriate measure of continuum of readiness to change rather than of stage of change (Williamson et. al, 2003). The pre-post test change in ARCQ suggests participants in the URI groups did increase in their readiness level to change their anger. No conclusions can be made regarding whether or not these changes led to cognitive changes in the way the detainees view anger, or if they have used any of the strategies discussed in the groups. However, in a seven week group, overall, the

detainees did increase how ready or willing they are to change the way they deal with anger.

Looking at the results broken down by language group, the English-speaking participants' difference between pre and post test ARCQ values were just under the significance level. For this language group, they did improve in their level of readiness to change, however this change was just under a significant level. The Spanish-speaking group did show a statistically significant improvement on their pre and post test scores of ARCQ, and therefore their readiness to change the way they deal with anger. Looking more specifically at the subscales of the ARCQ, the Spanish-speaking group made a significant change in the pre and post test levels of the action stage, whereas the English-speaking group changed significantly in the precontemplation stage. However, when we look at the readiness to change values, the English-speaking and Spanish-speaking groups did not start out at a different level in readiness to change.

This finding could be interpreted that the group made more of an impact for the English speakers in the precontemplation stage, increasing their awareness of problems, while the group moved the Spanish-speakers more in terms of action, or wanting to do something about the way they deal with anger. Further analysis of using the refined method of scoring the ARCQ (based on pattern of subscale results pre and post test) may help to clarify what initial stages of change participants were in before the group, as compared with after participation. Future groups could include continuing to collect ARCQ pre and post test levels until a large enough of database

has been compiled to compare differences in performance on the Content/Curriculum Questionnaire, by initial stage of change.

The most recent article to use an anger readiness to change measure in research with offenders was published after this Wyatt study was begun. Howells, Day, Williamson, Bubner, Jauncey, Parker, and Heseltine (2005) researched 418 adult male inmates in Southern and Western Australia. Participants completed the State-Trait Anger Expression Inventory, the Novaco Anger Scale, the Modified Watt Anger Knowledge Scale , the Modified Overt Aggression Scale, the Anger Stages of Change Questionnaire, and the Serin Treatment Readiness Scale. Measures were given pre-intervention, post-intervention, at two and then six-month follow-up periods. The treatment group was compared with a wait-list group (the control group) on the outcome variables.

Results found small improvements on all variables over time, however the authors explain "changes were not large enough for real clinical significance" (p. 307). Also, small improvements were found in the control group, pre to post intervals. Howells et. al found that higher scores on the readiness scale predicted improvement in treatment on different anger measures. However, it is unclear if the readiness scale referred to was the ARCQ, the Anger Stages of Change Questionnaire, or the Serin Treatment Readiness Scale. Further research at the Wyatt could look at examining how participants of varying readiness to change levels perform on the CCQ and perhaps other anger measures. These statistics could not be analyzed from the current database, given the small sample size. While Howells et. al (2002) commented that results show an increase in motivation does not equal a great gain in improvement on

anger measures, it would be interesting to see if the specific URI curriculum (used with the motivational interviewing approach) makes a difference in how readiness to change levels affect anger measures outcomes. Future studies may want to examine if specific curriculum provided in a motivational interviewing method can increase readiness to change enough that it would have a direct effect on anger outcomes, instead of what appears to be a moderator effect with the Howells et. al anger management curriculum.

Motivation Ladders. The participants' motivation to change was measured by the Motivation Ladders. The Motivation Ladder evaluates where a person is in thinking about changing a behavior, based on their report to one of the five items. A qualitative observation was made by group co-facilitators with the pilot group, who noted that this first group of participants expressed confusion and misunderstanding about the directions in this task. They did not understand if they should check a number on the ladder, or multiple circles, or circle the statement. While the group co-facilitators explained the directions verbally, there was still some confusion. For the later groups, the visual representation of the ladder and circles were completely removed, and participants were presented with the five statements and asked to check the one that currently described them. This change in procedure and directions appeared to be easier to understand for the participants.

In looking at all the results from the pre and post test Motivation Ladders, for both language groups, and both constructs (anger and substance use), no significant differences were found. The Motivation Ladder values did not change after group completion on either anger or substance use or across group language. There are a few

possibilities for interpreting this finding. First, both of the language groups began at high levels of motivation to change, with Median levels on the Motivation Ladder (anger and substance use) at 5.00. This value represents the statement "Taking action to change (anger or substance use)," and is the highest level possible on this scale, therefore creating a ceiling effect of the measure and not giving participants any room to change on the post test. Also, the Motivation Ladders only consist of five items. It may be that this measure is less sensitive to changes, based on the sheer fact that there is not much variance in options of levels or values to be endorsed. Regardless, both language groups did indicate they were at the highest level and "taking action to change" when asked about both anger and substance use. This is consistent with the ARCQ findings of a high readiness to change and the qualitative reasons for participation. It is of note that all of these measures assume the detainee is reporting an honest level of self-assessment in their responses. As opposed to the ARCQ (which reverse scores one subscale) and could be seen as a little more difficult to answer in a socially desirable way, the Motivation Ladder answers appear to be easier to feign to present oneself in a more positive, active light. This could also potentially account for the high values endorsed pre and post test.

Self-report anger levels. The results from the Anger Feelings Questionnaire (one to ten self-report, Likert-scale measuring current level of anger) showed that the English-speaking and Spanish-speaking groups did not differ on their initial levels of anger before the group. The English-speaking participants did not differ on their anger level from before to after the group, though the Spanish-speaking group did report a significant decrease in their subjective level of anger at the end of the intervention. It

is unclear if the Spanish-speaking participants would attribute this decrease in anger to their participation in the groups or another variable(s). While the language groups did not differ on the initial anger levels by subjective report, it would be interesting to see if additional measures of anger levels would corroborate that finding, as opposed to only using one question to describe current level of anger. Essentially, would other standardized measures of anger (e.g., Novaco Anger Scale; Novaco, 2003; STAXI; Spielberger, 1991; 1999) that ask about anger levels/styles on multiple components of anger show a difference between the two groups? Future research studies could investigate if there is any difference in the anger levels of detainees or inmates who are detained for different types of offenses.

The groups did not differ across language groups on self-reported level of anger the participants "usually feel on most days." However, in comparing the median values reported by the participants, both language groups indicated they were generally less angry on most days than they were the day of the last group. No conclusions can be made about this observation, but it raises additional research questions about whether or not participation in a group process could help reduce levels of anger. The lack of change in pre and post group levels of current anger for the overall population (both language groups combined) does not discount any potential effectiveness of this group program. This specific curriculum of the URI program is not to reduce levels of anger of the detainees per se, but to raise the level of awareness of consequences of ways they may deal with anger/use substances and to help teach additional ways to manage anger and deal with issues that trigger substance use. If the objective is to decrease the level of anger in detainees, a relaxation group or

teaching breathing techniques may be more appropriate and effective in reducing anger levels. As Howells et. al (2005) discussed levels of anger:

> While research on prison adjustment suggests that negative emotions (such as anxiety and depression) decrease over time, this does not appear to be the case for anger. In one study, prisoners reported two episodes of anger per week during the initial stages of their incarceration. The frequency of anger experiences increased the longer they were in prison (Zamble & Porporino, 1990). The finding that anger is a stable and present feature of long-term imprisonment appears to be robust (Bonta & Gendreau, 1990). (p. 231)

Curriculum Learned. The Content/Curriculum Questionnaire (CCQ) provided a measure of how much of the curriculum was learned by asking questions on the main content topics. Results showed that both the English-speaking and Spanish-speaking groups scored above average on the amount of questions they could answer correctly (respective median percentages: 85%, 90%). These figures allow us to conclude that the participants understand these concepts. However, because the CCQ was not administered in with the other pre test measures, it can not be concluded that the participants learned all of this information from the URI group alone. After the decision was made not to include the CCQ in the pre test measures, the assumption was made that detainees had mostly likely not experienced or had the knowledge of the highly specific topics being taught (S—Rx and TTM models). A comparison of percentage correct on the CCQ questions by those who took the test after the group with those participants in the pilot group who took it as a pretest revealed that on two questions, those who hadn't taken the group scored higher on the items (with TTM content). For one question, the two groups (pre and post) were comparable. On the rest of the questions, the participants who had taken the group scored higher. However, when looking at the baseline percentages correct on each individual

question, the pilot (pre test) group answered some questions above chance levels. This calls into question the utility of the items on the questionnaire. Suggestions for future studies would include revising this measure and/or adding in other measures to evaluate learning of content, for example, a scenario of possible choices in an "anger situation." Scoring could include looking at whether detainees are able to think of multiple ways of handling each situation.

In the most recent study by Howells et. al (2005), their treatment group did perform better on the Watt Anger Knowledge Scale (WAKS), post anger management program and these improvements were maintained over time until the six-month follow-up period. These results are consistent with the results found in this current study at the Wyatt. Detainees demonstrated retention of the program material (as measured by the CCQ), when administered post-intervention. Howells et. al (2005) explained that the WAKS was constructed to measure what was covered in the anger management program and reflected a learning of anger management on an education level. As in their study, the Wyatt detainees also showed that on an education level, the group was effective, as measured not by the WAKS, but by the CCQ.

Participants' Experiences of the Group

Through the use of the program satisfaction questionnaires and qualitative comments group members have made to co-facilitators, information about the Wyatt detainees' experiences of the URI groups can be better understood. Themes were culled from the program satisfaction questionnaires and reflected detainees' experiences of not only the content of the groups, but the process as well. Detainees almost unanimously, across language groups, would recommend the group to other

detainees. They responded extremely positively to the group format and information provided, as well as the group dynamics themselves, both between the participants and the co-facilitators, as well as between the participants with each other. In addition, a majority of participants asked for a longer series ("more time") for the group program.

In looking at the literature on inmates' experiences of correctional programs, only one study has explored what inmates report about their perceptions of mental health services (Morgan, Rozycki, & Wilson, 2004). The authors surveyed 418 inmates from different security level facilities of a Midwestern state correctional department in order to better understand their experience of therapy services. Results show that inmates preferred to have individual counseling, provided by doctoral level practitioners. New inmates reported having the most concerns about seeking out services and race was not found to be a factor of whether or not inmates would seek out services. This current study at the Wyatt also sought to listen to the detainees' experiences of their participation in these groups. Both the English-speaking and Spanish-speaking group participants commented positively on the relationship between themselves and the group facilitators, as well as the other participants.

While Morgan, Rozycki, and Wilson (2004) found that inmates preferred Ph.D. level practitioners providing individual counseling, the detainees in this study responded positively to Master's level/training students providing psycho-educational groups. It is unclear if the detainees would have preferred another modality, though comments from participants reflected a positive experience with learning from others within the group. Detainees who reported this stay at the Wyatt was their first incarceration also responded positively to seeking out the anger

management/substance abuse groups. As the detainees' also commented that they would have liked to have a lengthier group series, studies from the anger management and correctional programming literature support a more intensive program. Howells, Day, Williamson, Bubner, Jauncey, Parker, and Heseltine (2005) discuss how low motivation and the fact that offenders often have multiple problems (psychological and social) can lead to a low effectiveness for anger management programs. In turn, they suggest increasing the intensiveness of the program: "Intensiveness can be addressed in two (inter-related) ways – by extending the length of the programs and by revising the content to ensure they have a stronger therapeutic and less of an educational focus" (p. 309). They cite Dowden, Blanchette, and Serin's (1999) Canadian study that provided 50 hours of programming and concluded, "internationally, rehabilitation programs of 100 hours or more are typically recommended for offenders with high levels of need" (Howells et. al, 2005). If resources permit, a clinical intervention change at the Wyatt, based on the detainees suggestions, would be to lengthen the number of weekly sessions for programming or to offer separate seven week groups, one in anger management and one in substance abuse.

Yalom (1975) identified eleven curative factors of group psychotherapy. In looking at the responses from the program satisfaction questionnaires, we were able to identify three of these factors in the present study: group cohesion, imparting information, and self-understanding. However, the Spanish-speaking group participants' responses emphasized the positive way the facilitators interacted with them, in an additional factor not adequately captured by Yalom's original eleven. This

factor is similar to the traditional Latino value of "respeto," what Millan and Ivory (1994) refer to as an acknowledgement of someone's social worth. It may be that Yalom did not include respect as a curative factor, as the assumption is that it is present in all group therapy. However, in working with multiply oppressed, multiply devalued groups (Latino detainees), the presence of respect cannot be taken for granted.

Group facilitators can learn from the qualitative comments provided from the detainees about how important respect is, as a part of the therapeutic alliance. Facilitators should continue to treat the participants of the groups with a non-judgmental attitude and implement concrete behaviors to increase respeto and the therapeutic alliance. These facilitation behaviors include: using the detainees first names as well as providing the facilitators' first names through introductions in the first session; spending more time on informed consent/confidentiality procedures to help ensure understanding; focus on the group members strengths (what they have already done that has helped them manage anger); explain that the facilitators are just putting a name to certain things the detainees may already know (treating members as "experts"); asking for members' feedback about the groups at the end (empowerment); providing donuts and juice on the last day for a "celebration" of what's been learned; encouraging group cohesion by asking group members to discuss what they feel comfortable with; encouraging active participation by having group members take notes within the group (also increases engagement).

Hollenhorst (1998) discusses the methods of Dr. Richard Althouse, a psychologist providing anger management services at the Oakhill Correctional

Institute, in Oregon, Wisconsin. Althouse provides an anger management group of eight to ten week modules, for one-and-a-half hour sessions. He uses a motivational interviewing style, which helps decrease defensiveness, encourages participants to be free to accept or reject advice given, and he meets resistance with reflection and a non-judgmental attitude. It is with this same style that the URI group facilitators provide their group program at the Wyatt. Using a motivational interviewing style, group facilitators try to achieve a better therapeutic alliance, which hopefully, in turn will also increase readiness to change and treatment motivation.

Limitations of the Study and Suggestions for Future Research

This research study has several limitations, due to the research design, logistics and practical restraints/considerations of working in a correctional setting/facility, similar to those addressed by Megaree (1995). The results from this project contain a small sample size, with an even smaller subgroup of the total sample that completed both time periods of pre and post test measures. This appeared to be due to scheduling conflicts when detainees who did not start the group on the first day or were not present on the last day of the group, when research measures were administered. Examples of these reasons include participants being outside the facility at court, having a conflicting attorney visit, or on a work assignment. Some detainees may have also left the facility (transferred to another institution) during their participation in the group. Future studies could take a closer look at attrition issues and attempt to further track participation and pinpoint reasons for dropout rates. Having this information with a large enough sample size over time would also allow researchers to examine

differences in the effectiveness of correctional programs by dose effect (how sessions/weeks were attended, etc.).

Due to this study's small sample size and non-normality of the data, nonparametric statistics were conducted. While these analyses are robust and help to account for outlier values, they are less powerful than parametric statistics. Therefore, there is a greater risk of a Type II error, potentially missing a genuine difference or effect when one truly does exist. Also, due to logistical restraints of time and access, no control group was able to be included in this study. This indeed is a limitation of the research findings, as we can not conclude that there is a treatment effect we can attribute solely to the program without having a comparable control group to also take the pre and post test measures at the same time periods. Recommendations for future research include adding a control group, which could be comprised of waiting list members. Researchers may want to over sample for a large enough control group, to make sure there are enough participants to compare to the treatment group, as some of the participants in the control group may leave the facility before post test measures can be completed. If resources permit, future studies could also include another comparison group in addition to the control group, consisting of detainees who would also volunteer to take the pre and posttest measures only, even if they were not interested in participating in the group. Analysis of demographics and readiness to change levels may help to investigate any potential differences between those who choose not to participate in the group versus those detainees who do.

As this research was conducted at only one particular correctional facility and as the program is unique in both content (S—Rx and TTM models) and process (non-

judgmental, psycho-educational, provided by non-employees), the results from this program evaluation are extremely limited in generalizability. In order to generalize the results of this research, additional studies would need to be conducted in other detention centers using and/or comparing different curricula. Prospective studies could also revise the current background questionnaire to be consistent with categories the federal government uses to describe inmates at their facilities, in reporting their population statistics. For example, adding a question about citizenship (U.S., or what other country) and type of offense for which they are charged (violent, property, drug, or public-order offenses). Streamlining some of the same categories could help with generalizability, or at least being able to compare national federal statistics, with those of the particular institution. Other studies could also look at differences between curriculums and programs provided within a privately owned detention facility, versus those that are operated by the Bureau of Prisons.

While the content of this study's findings cannot be easily generalized, clinicians and researchers in other correctional facilities can learn much from this project in terms of the process of conducting research with an offender population. In particular, attention to the research process --what worked well and what could be revised-- can be helpful. For example, using a pilot group to "try out" new measures for readability and comprehension of questions and issues of timing and length of procedures can help to increase the validity of responses, and therefore results. In this current study, detainees had provided essential feedback, indicating what components of the measures they found confusing and needed clarification, which later led to revision. Researchers could consider group administration of pre and post test

measures, by reading each item aloud. Though initially time consuming, this may help with validity issues and can serve as an "ice breaker" activity at the beginning of a group. Group co-facilitators on this study commented that completing pre test measures together as a group assisted with group cohesion. It also allows inmates who have difficulty with reading and writing to obtain help from facilitators as needed.

Studies could also be enhanced by provided those participants who join the group/program late and who have missed filling out the pretest measures, the opportunity to completing a pretest demographic questionnaire at the end of the group, as time permits. This would provide researchers with background demographics on all of the participants, not just those who complete the pretests. In addition, researchers are encouraged to use multiple design methods (like quantitative and qualitative measures) that capture both content and process components of programs to ask and listen to information from their participants, making the project as collaborative as possible.

The results from this study lead to many more questions and areas for research in order to better understand different correctional populations, their needs and experiences, and the effectiveness of programming provided. While this study focused mostly on the anger management component of the URI groups, additional research could continue to investigate detainees' readiness to change their substance use. Using the original RCQ or other measures of its kind would give more information on the detainees' readiness levels. Separate readiness measures could be administered for both alcohol and drug use, with more detailed questions about substance use (e.g., a comprehensive history on each type of drug used, longest amount of time abstinent,

whether or not substances were involved in the crime) could be added. This would help identify needs for substance abuse programming, and if included with the anger measures (and with a large enough sample size), could allow researchers to look for more connections between anger and substance use, perhaps with correlational statistics.

One of the areas of glaring deficits in the correctional psychology literature is the lack of studies investigating the needs of Spanish-speaking inmates. In their article on inmate perceptions of mental health services, Morgan, Rozycki, and Wilson (1994) addressed the absence of literature on what inmates report they need or want in terms of mental health services in correctional settings. Their study investigated this, by asking 418 state incarcerated inmates about their mental health treatment histories, as well as their preferences for services in correctional facilities. However, they only surveyed inmates who were able to read and write in English. This writer is aware of no published studies that included Spanish-speaking inmates' experiences or needs of correctional programming. Only three studies were found that addressed Spanish-speaking inmates, though they all focused on psychological testing (e.g., Spanish version of the Psychopathy Checklist-Revised: Molto, Carmona, Poy, Avila, & Torrubia, 1995; and the Minnesota Multiphasic Personality Inventory with monolingual Hispanic federal prisoners: Bohn & Traub, 1986; Traub & Bohn, 1985), not inmates' experiences or programming needs. No information could be found on number of Spanish-speaking inmates in the federal prison system, within detention facilities, or about the programming currently provided to or the need from this specific population. One website referred to those individuals who could not speak

much or any English as having "Limited English Proficiency" (LEP), and referenced that Spanish-speaking inmates comprise the largest group of LEP individuals in prison, though specific population numbers could be located. Future research needs to not only continue to focus on what English-speaking inmates' needs are, but not exclude Spanish-speaking inmates' needs from investigation. This research project conducted at the Wyatt is one attempt to broaden what is known and listen to Spanish-speaking inmates' experiences of programming.

Conclusion

Ward, Day, Howells, and Birgden (2004) outline a conceptual framework, called the multifactor offender readiness model (MORM), which is a way of thinking of reducing recidivism through addressing offender readiness, at the levels of the offender, the program, and the context. Underlying their model is the assumption that through using such methods as motivational interviewing, clinicians can increase the therapeutic alliance with offenders, and therefore increase treatment motivation and readiness to change. Though no research has yet evidenced the connection, it is hoped that studies will show a link between the increase in readiness to change and an improvement in program effectiveness, as measured by treatment outcome. Other researchers have also begun writing about the need for evaluating readiness and treatment motivation and working to increase the therapeutic alliance when working with offenders, particularly in terms of the transtheoretical model, stages of change and anger management (Kassinove & Tafrate, 2002; Tafrate, 1995) and substance abuse in general (Connors, Donovan, & DiClemente, 2001; Velasquez, Maurer, Crouch, & DiClemente, 2001). In addition, Mary McMurran (2002) has recently

edited an entire book titled *Motivating Offenders to Change: A Guide to Enhancing Engagement in Therapy.*

With their MORM framework, Ward et. al (2004) have articulated a conceptualization behind what URI group facilitators have already been putting into practice at the Donald W. Wyatt Facility in conducting the anger management/substance abuse program. Group facilitators have been trying to increase readiness for change and treatment motivation as Ward et. al suggest: 1) modifying the client; 2) modifying the therapy; and 3) modifying the context. To modify the client, the "within-client factors" like low treatment readiness, should be addressed before providing the content of the intervention. Modifying the therapy means to adapt the program according to the responsivity needs of the offender participants. In addition, low readiness for change can also be modified by changing the setting or environment where the anger management program is provided.

Howells and Day (2003) underscore the importance of a therapeutic alliance and the need for a collaborative, working relationship with the participants of an anger management program. As DiGiuseppe (1995) suggests, there are likely to be problems in engaging angry clients in treatment. Howells and Day explain one way to engage participants and build a therapeutic alliance is through using a motivational interviewing approach (Miller & Rollnick, 1991; Rollnick & Miller, 1995). In the URI Wyatt program, facilitators attend to modifying these factors (client, therapy, and context) by fostering a therapeutic alliance, particular by providing a cognitive-behavioral, psycho-educational group that uses a motivational interviewing orientation. Facilitators specifically establish and maintain a therapeutic alliance with

detainee participants through a collaborative process of reciprocal "respeto," as previously mentioned. The anger management program (therapy) is modified, as the content curriculum incorporates strategies to increase offenders' readiness to change through increasing levels of awareness of consequences and personal choice. While it is difficult to modify the context within a correctional facility, the URI facilitators, being outside contractors and not employees or custodial staff with keys and in a uniform, work hard to contribute to a therapeutic climate of non-judgmental learning, where change is possible.

The results of this program evaluation reflect the effectiveness of this approach, both based on the increase in quantitative readiness to change levels post intervention, most importantly, through the words of the participants themselves. As Ward et. al state:

> The way in which the program is delivered and the extent to which program facilitators are able to respond on a moment-by-moment basis to the changing needs of offenders will be critical in both the successful formation and maintenance of a strong therapeutic alliance. This is a skilled task, even in programs that are predominately psycho-educational in nature (p. 668)

URI group facilitators will continue to provide their anger management/substance abuse intervention with these goals in mind, knowing that it is not only the content that is significant, but also the process, in assisting in offender rehabilitation.

Table 1:
Review of the Correctional Anger Management Literature

Study Reference	Population	Setting	Research Design	Intervention	Results
Howells, Day, Williamson, Bubner, Jauncey, Parker, & Heseltine (2005)	Adult male, mostly w/convictions for violent crimes	Southern and Western Australia; 86% from prison-based programs; rest from community based programs	N=418; both treatment grp. and wait-list control group	CBT, manualized treatment developed in New Zealand, based on Novaco (1997); 10 sessions, 2-hrs. each: identify prov., relaxation, cogn. restructuring, assertion, relapse prevention	Impact of the program was small: treatment group made consistent changes in expected direction, but not significant. Control grp. also had slight changes. Treatment group did better than control on anger knowledge scale. Offenders who were ready to change, showed greater improvements on a range of anger measures.
Jones & Hollin (2004)	Adult male forensic patients with personality disorders	U.K., forensic hospital	N=8; Pre/post test with no control group	36 week, manualized program; 2 hr. weekly group sessions + 1 hr. weekly individual sessions; cognitive restructuring and role-playing; based on Novaco theory; includes 6 weeks on "Preparing to Change"/Motivational Interviewing and Trans-theoretical model	Post-test measures show increase in anger control (outwards), and emotional control; also decrease in state and trait anger, anger expression, and intensity.

Table 1, continued:

Study Reference	Population	Setting	Research Design	Intervention	Results
Vannoy & Hoyt (2004)	Adult males	Midwestern U.S. prison, low security	Random assignment, N=31; 15 wait-list, 16 in treatment group	10 sessions; CBT and Buddhist practices	Treatment vs. control group: treatment group had decreases in anger and egotism. Anger reduction was not mediated by an increase in empathy.
Howells, Bubner, Jauncey, Williamson, Parker, & Heseltine (2002)	Adult males, violent and non-violent offenders	Southern and Western Australia	N=200; treatment vs. wait list control group	10 sessions; CBT curriculum (relaxation, cognitive patterns, relationship issues, relapse prevention)	On most measures, there was no difference between control and treatment group, except treatment group had increase in anger knowledge and readiness to change. Control group also showed some increases on post measures, though no intervention.
Taylor, Novaco, Gillner, & Thorne (2002)	Adult male in-patients with intellectual disabilities (IQ<80)	England, forensic hospital	Random assignment: N=20; delayed waiting list control group	18 sessions; manualized; Novaco anger treatment manual (adapted from stress inoculation theory).	Treatment versus control: Treatment group had decrease in anger intensity and anger reactions. Mixed results on staff ratings of anger. Treatment group pre/post test had decrease in anger intensity on post-intervention measures.

Table 1, continued:

Study Reference	Population	Setting	Research Design	Intervention	Results
Allen, Lindsay, MacLeod, & Smith (2001)	Adult females with intellectual disabilities (IQ<76), who perpetrated violent crimes	Prison in the U.K.	N=5; measures given pre-intervention, during intervention (3 mo. and 9 mo.); and post intervention (3 mo. and 9 mo.)	40 sessions; 40-60 min. each, women participated in different groups also with male participants; intervention based on Novaco: cognitive reappraisals and relaxation	Reductions of anger were not evidenced until cognitive aspects were implemented; 4/5 women showed pattern of significant decrease in anger that was maintained
Eamon, Munchua, & Reddon (2001)	Adult females	Minimum and medium security hospital in Canada	N=33; N=14 control; N=19 treatment.	12-week, cognitive and behavioral curriculum, including role-plays, videos, cognitive restructuring	Within-participant effect of decreases in anger and aggression. Decrease in number of institutional charges for treatment but not control group, post intervention. Behavioral seemed more effective than cognitive.
McMurran, Charlesworth, Duggan, & McCarthy (2001)	Adult males with personality disorders	Wales	N=4; no control group.	CBT treatment, part of a specific personality disorder treatment unit.	Three of out four patients improved on self report of anger (patient and staff ratings).

Table 1, continued:

Study Reference	Population	Setting	Research Design	Intervention	Results
Richards, Kaplan, Kafami (2000)	Adult males	U.S.	N=56	(Unknown)	Men with greater treatment gains had less anger experience and expression and more anger control than low progress participants.
Robertson (2000) Unpublished Dissertation	Adults	Canada	N=62 treatment; N=31 comparison group	(Unknown)	Sign. treatment gain in self-report anger scores observed for treatment group (vs. comparison). Social desirability showed decrease in predictive validity of self-report of anger.
Dowden, Blanchette, & Serin (1999)	Adult males	Federal prison in Canada – institution wide program	N=110 in treatment group, same number in comparison group matched on variables and risk level	25, 2-hr. CBT sessions focusing on self-management, self-control skills, problem-solving, communication, relapse prevention, thinking errors, prosocial skills training	Program was more effective for the higher risk participants; decrease in general and violent recidivism; low risk participants did not sign. reduce their recidivism

Table 1, continued:

Study Reference	Population	Setting	Research Design	Intervention	Results
Watt & Howells (1999)	Adult male, violent offenders	Australia	2 studies; N=39 and N=50; pre-test, post-test non-equivalent group design	Skills Training for Aggression Control (CBT)	Little support for treatment gains as compared with controls; differential treatment effect by trait anger level was not supported
Holbrook (1997)	Adult males with history of reactive aggression	U.S.	N=26; included a control group	CBT intervention; 7 weeks; two hour group sessions; confrontation of individual beliefs/used a workbook	No difference on scores (control vs treatment group), but pre to post treatment group reduction in scores on the Vengeance Scale
Renwick, Black, Ramm, & Novaco (1997)	Adult males	England, forensic hospital	N=4; no control group	Anger control protocol treatment.	Therapist assessment and clinical staff ratings showed modest but significant gains.
Marquis, Bourgon, Armstrong, & Pfaff (1996)	Adults	Canada	Treatment and Wait-list control group	Completed a Relapse Prevention program alone, or with an Anger management program. Other group completed Anger management alone or with substance abuse program.	Non-violent and violent completers of anger mgmt. with relapse prevention recidivated at a significantly lower rate than wait list control grp. Violent offenders who completed both AM and RP recidivated at a lower rate than those who only took RP program.

Table 1, continued:

Study Reference	Population	Setting	Research Design	Intervention	Results
Barto Lynch (1995) Unpublished Dissertation	Adult males	U.S.	N=57: N=30 treatment group; N=27 control group	10, 3hr. sessions - Aggression Replacement Training (prosocial skills, anger management, dilemma discussion)	Skills training enhanced prosocial behavior; significant improvement in skill of Expressing a Complaint
Smith, Smith, & Beckner (1994)	Adult females	Utah State Prison, medium security	N=11	3, 2-hr. workshop sessions to understand and manage anger (id. symptoms of anger, techniques)	Decrease in anger levels, as compared to the start of the workshop; better able to cope with frustration.
Valliant & Raven (1994)	Adult males, assaultive, property, or a mixed offenses and non-assaultive	Canada	N=57	2 hr. week, over 5 weeks	For assaultive men, measures of anxiety and aggression did not decrease, though guilt feelings increased. Non-assaultive participants showed decrease in aggression and anxiety.
Smith & Beckner (1993)	Adult males	U.S.	N=18	3, 6-hr. workshop sessions; describe symptoms, discussions of understanding anger/techniques to use	Decrease in anger levels, as compared to the start of the workshop

Table 1, continued:

Study Reference	Population	Setting	Research Design	Intervention	Results
Hughes (1993)	Adult males, violent offenders	Canada	N=52; treatment and control group	Completed at least 6, 2-hr. sessions: arousal awareness, anger recognition, moral reasoning, coping self-statements, problem solving, REBT, relaxation, assertiveness, role-playing	Treatment vs. control: sign. different, treatment had higher case manager ratings and a higher latency to rearrest. Treatment group showed 4/5 meausre trend in desired direction, on post test.
Hunter (1993)	Adult males, violent offenders	Canada, in three different institutions	N=55; N=28 in treatment group; N=27 control group	CBT: for 4 weeks, did workbook, anger log, and met with counselor. Next 6 weeks, group on relaxation, stress management, conflict resolution, and cognitive therapy	Treatment vs. control group: control group saw modest changes. Treatment group post-intervention shows decrease in impulsiveness, risk-taking likelihood, depression, frustration and resistance to authority, and less verbal assault to staff. Increase in energy and self-esteem.
Kennedy (1992) Unpublished Dissertation	Adult males	Canada, medium security	N=37; 2 active treatment conditions; 2 delayed treatment controls	23, 3-hr. sessions over 5 weeks: Anger Control Training and Structured Learning Training	Better role-played situations, increase in prosocial attitudes, decrease in anger, increase in appropriate expression of anger, all treatment groups benefited.

Table 1, continued:

Study Reference	Population	Setting	Research Design	Intervention	Results
Sanders (1992) Unpublished Dissertation	Adult male	U.S.	N=159; Solomon Four Group Design	Rational Behavior Therapy; 2 hr., 10 week	Post-test, treatment group had decrease in: self-reported anger/provocation, irrational thoughts, and an increase in knowledge.
Clouston (1991) Unpublished Dissertation	Adult male violent offenders	Canada, federal penitentiary	(Not known)	(Not known)	Little change was found.
Napolitano & Brown (1991)	Adult males, violent offenses, murderers	California	Solomon four group design; N=75	12 week program of Prison Anger Control Training	Treatment groups had decrease in susceptibility of anger and aggressive tendencies vs. control groups.
Stone (1991) Unpublished Dissertation	Adult male	Montana State Prison	N=22; N=9 in treatment group; N=13 wait list control group	CBT	No sign. difference from pre to post intervention periods or on follow-up
Forbes (1990)	Adult males, aggressive	U.S.	Random assignment; N=48.	Prosocial skills training	No significant effect was found.

Table 1, continued:

Study Reference	Population	Setting	Research Design	Intervention	Results
Macpherson (1986) Unpublished Dissertation	Adult	Medium security prison	N=48; four groups: behavioral treatment, cognitive treatment, combined CBT, and wait list control	8 weeks of manualized program on coping skills, stress inoculation, assertiveness, REBT, modeling	The cognitive treatment group showed better role-playing skills. No differences were found on measure of institutional adjustment.
Stermac (1986)	Adult male forensic patients	Forensic hospital	Random assignment to treatment grp. or attention control grp.; N=40	6, 1-hr. sessions twice a week; attention control group was given psycho-educational materials	Post-intervention, the treatment group reported lower levels of anger, increased use of coping strategies, less use of self-denigration strategies. No group differences found on levels of impulsivity.
Wilfy, Rodon, & Anderson (1986)	Female offenders with personality disorders	U.S., Maximum security prison	N=8; no control group	Brainstorming, discussion sessions, behavioral strategies (relaxation techniques).	Post-intervention: Increase in personal control and responsibility, and in using alternatives and having mutual support system.

Table 1, continued:

Study Reference	Population	Setting	Research Design	Intervention	Results
Bornstein, Weisser, & Balleweg (1985)	Adult male, aggressive forensic patients	Forensic hospital	N=3; no control group	Based on Novaco's research and an adapted stress inoculation model	Post-test: Lower levels of self-report anger and decreases in aggressive incidents; improved non-aggressive interpersonal style.
Meers (1980) Unpublished Dissertation	Adult males with elevated psychopathic deviate scores	U.S.	N=46; included a control group	15 sessions of REBT classes over the course of 8 weeks	Decrease in anger scores (Novaco Anger Scale, intensity of reported anger) after intervention

*Gaertner (1983): dissertation, specifics, not available; Petrella (1979): dissertation, specifics not available

Table 2:
Demographic Information by Language Group

	English		Spanish	
Demographic	**N**	**%**	**N**	**%**
Age				
18-24	4	12.9	5	17.2
25-35	15	48.4	13	44.8
36-50	12	38.7	9	31.0
over 50	-	-	2	6.9
Race/Ethnicity				
White (Anglo-Saxon)	8	25.8	-	-
African American	7	22.6	-	-
Hispanic-American	9	29.0	10	32.1
Latino	2	6.5	19	67.9
Multi-racial	5	16.1	-	-
Self-identified primary Language				
English	20	64.5	3	10.7
Spanish	3	9.7	25	89.3
Both	7	22.6	-	-
Other	1	3.2	-	-
Education level				
Did not finish 8th grade	-	-	5	17.9
Some high school	8	26.7	10	35.7
High schooldiploma/GED	15	50.0	6	21.4
Some college	6	20.0	6	21.4
Graduated college	1	3.3	1	3.3
First time in prison				
No	24	77.4	10	37.0
Yes	7	22.6	17	63.0
Sentencing status				
Sentenced – yes	6	20.0	8	28.6
Not yet	24	80.0	20	71.4
Anticipated time at Wyatt				
3-6 months	7	25.0	11	45.8
6-12 months	15	17.9	8	33.3
12 or more months	16	57.1	5	20.9

Demographic	English N	English %	Spanish N	Spanish %
Sought help previously				
No	11	35.5	21	75.0
Family or friend	1	3.2	-	-
Therapist	7	22.6	3	10.7
Support group	6	19.4	3	10.7
Multi-help	6	19.4	1	3.6
Positive help				
Never went	10	33.3	17	65.4
Helped some	12	40.0	4	15.4
Helped a lot	8	26.7	5	19.2
Previous participation in Wyatt programs				
Yes	11	35.5	12	44.4
No	20	64.5	15	55.6
Current participation in other Wyatt programs				
Yes	12	19.3	15	17.9
No	19	61.3	13	46.4
Previous participation in programming at other prisons				
Anger management	2	6.9	2	7.4
AA or NA	5	17.2	5	18.5
Other – write in	1	3.4	3	11.1
None	13	44.8	17	63.0
Multiple	8	27.6	-	-
Recruitment method				
Flyer	19	63.3	6	23.1
Inmate	2	6.7	11	42.3
Correctional officer	-	-	1	3.8
Handbook	-	-	2	7.7
Student in pods	5	13.2	5	19.2
Multiple methods	4	10.5	1	3.8

Demographic	English N	English %	Spanish N	Spanish %
Frequency of alcohol use				
Never or less than 1x mo.	5	17.2	4	14.3
1-2 times a month	2	6.9	10	35.7
1-2 times a week	8	27.6	3	10.7
3-4 times a week	10	34.5	1	3.6
Almost everyday/everyday	4	13.8	10	35.7
Drugs used				
None	4	13.8	11	39.3
Single	5	17.2	6	21.4
Multiple	20	69.0	11	39.3
Frequency of alcohol use				
Never or less than 1x mo.	4	13.8	8	33.3
1-2 times a month	4	13.8	2	8.3
1-2 times a week	3	10.3	6	25.0
3-4 times a week	5	17.2	3	12.5
Almost everyday/everyday	13	44.8	5	20.8
Previous participation in drug program				
No	10	33.3	14	53.8
Yes, in jail/prison	3	10.0	4	15.4
Yes, court-ordered	3	10.0	3	11.5
Yes, voluntarily	7	23.3	3	11.5
Multiple	7	23.3	2	7.7
Drug programs useful?				
Yes	15	68.2	8	53.3
Maybe	4	18.1	4	26.7
No	3	4.5	3	20.0

Continuous Variables

	English Mean	English SD	Spanish Mean	Spanish SD
Age of First Arrest	19.18	6.63	27.52	8.84
Number of Times in Prison	2.9	1.34	1.78	1.10
Age of First Alcohol Use	14.57	3.5	15.71	2.4
Age of First Drug Use	16.61	6.60	18.03	9.25

Table 3:
Mann Whitney U Tests of Continuous Demographic Variables,
by Questionnaire Completeness Status (Pre only versus Pre/Post "Complete")

Completeness Status	Background Variable	N	Mean Rank	Median	U-Statistic	z-score	p-value
Pre only	Age of first arrest	22	21.89	19.00	228.50	-1.38	.167
Complete	Age of first arrest	27	27.54	22.00			
Pre only	Times in prison	25	27.52	2.00	363.00	-.210	.833
Complete	Times in prison	30	28.40	2.00			
Pre only	Age first alc. use	23	27.46	16.00	334.50	-.190	.849
Complete	Age first alc. Use	30	26.65	15.00			
Pre only	Age first drug use	18	20.50	15.50	198.00	-.669	.504
Complete	Age first drug use	25	23.08	16.00			
Pre only	ARCQ Pre test	23	25.96	6.00	321.00	-.019	.985
Complete	ARCQ Pre test	28	26.04	7.00			
Pre only	Anger ML Pre test	22	24.48	4.00	285.50	-.695	.487
Complete	Anger ML Pre test	29	27.16	5.00			
Pre only	Subst. ML Pre test	21	23.14	5.00	255.00	-.680	.497
Complete	Subst. ML Pre test	27	25.56	5.00			
Pre only	AFQ Pre test	23	28.35	3.00	337.00	-.363	.717
Complete	AFQ Pre test	31	26.87	1.00			

ARCQ Pre=Anger Readiness to Change Questionnaire – Pre test; Anger MLPre=Anger Motivation Ladder- Pre test; Substance MLPre=Substance Use Motivation; Note: No values are statistically significant at the $p<.05$ level.

Table 4:
Results from Mann Whitney U Tests, Comparing Pre and Post Test Scores on ARCQ Subscale Measures, by Language Group

Language Group	ARCQ Subscale	N	Mean Rank	Median	U-Statistic	z-score	p-value
English	PC-PRE	14	16.71	3.00	67.00	-1.434	.151
Spanish	PC-PRE	14	12.29	1.00			
English	C-PRE	14	14.29	4.50	95.00	-.138	.890
Spanish	C-PRE	14	14.71	3.50			
English	ACT-PRE	14	16.39	4.00	712.50	-1.224	.221
Spanish	ACT-PRE	14	12.61	2.00			
English	PC-POST	14	18.86	4.50	37.00	-2.823	.005*
Spanish	PC-POST	14	10.14	-.50			
English	C-POST	15	13.63	4.00	84.50	-.904	.366
Spanish	C-POST	14	16.46	5.00			
English	ACT-POST	15	13.57	5.00	83.50	-.960	.337
Spanish	ACT-POST	14	16.54	6.00			

PC=Precontemplation, C=Contemplation, and ACT=Action stages
PRE=pretest measure and POST=posttest measure
*=statistically significant at the $p<.05$ level

Table 5:
Content/Curriculum Questionnaire Responses Correct, by Language Group

Item #	Item Content	English		Spanish		X^2(df=1)
		N	%	N	%	
1	S---Rx	22	68.2	22	65.2	.040
2	S---Rx	21	85.7	21	90.9	.003
3	S---Rx	22	42.9	21	68.2	1.862
4	S---Rx	22	86.4	21	100.0	1.431
5	TTM	21	71.4	22	65.2	.014
6	TTM	21	47.4	22	69.6	1.306
7	TTM	20	60.0	22	73.9	.416
8a	Relapse	21	100.0	21	90.9	.477
8b	Relapse	21	71.4	21	100.0	5.119*
8c	Relapse	21	71.4	21	90.9	1.560
8d	Relapse	21	95.2	21	77.3	1.586
8e	Relapse	21	90.5	21	95.5	.002
9	Anger	21	95.2	18	95.5	.002
10a	Thoughts	20	100.0	21	90.9	.431
10b	Power	20	100.0	21	95.5	.000
10c	Financial	20	100.0	21	95.5	.000
10d	Status	20	100.0	22	91.3	.390
10e	Social	20	100.0	21	100.0	-
10f	Health	20	100.0	21	100.0	-
10g	Education	20	95.0	21	90.9	.000

* Statistically significant at the $p<.05$ level.

Table 6:
Content/Curriculum Questionnaire Responses, Pilot Group (n=9) vs. Post-tests (n=44)

Item #	Item Content	Pilot Grp. % Correct	Post-test Grp. % Correct	
1	S---Rx	42.9	66.7	
2	S---Rx	66.7	88.4	
3	S---Rx	55.6	55.8	
4	S---Rx	33.3	93.2	
5	TTM	88.9	68.2	*
6	TTM	77.8	59.5	*
7	TTM	11.1	67.4	
8a	Relapse	77.8	95.3	
8b	Relapse	55.6	86.0	
8c	Relapse	55.6	81.4	
8d	Relapse	77.8	86.0	
8e	Relapse	77.8	93.0	
9	Anger	77.8	95.3	
10a	Thoughts	88.9	95.2	
10b	Power	55.6	97.6	
10c	Financial	55.6	97.6	
10d	Status	77.8	95.3	
10e	Social	66.7	100.0	
10f	Health	66.7	100.0	
10g	Education	55.6	92.9	

* Statistically significant at $p<.05$ level.

Table 7:
Reasons for Participation in the URI Program, Divided by Language Group

Thematic Category, And Specific Response	N	% of responses
Spanish-speaking Group Responses:	25 (total)	
Internal Acknowledgement/Seeking Help:	11	44
I have a problem.		
I have an anger problem.		
I consider myself to be a little bit violent and to learn to control myself.		
To be able to control my anger.		
To learn to control my anger.		
I need to make changes in my life for a better beginning to be able to help with my anger.		
To help with my anger problems.		
Because I feel I need help to be able to control my temper a little.		
Because I lack a lot of things to learn and control a lot of things in my life.		
Because it's good for the mind and I think that it will help me avoid problems.		
Learning:	6	24
To learn about abuse.		
To be able to learn.		
Well for my life to learn a little bit more and so that my future is worth something		
I want to know more about the consequences of drugs.		
To learn more about drug abuse and violence.		
To learn a little bit about anger problems.		
Understanding:	1	4
To understand and help myself.		
For the Future:	1	4
Because I need to for when I get out of prison.		
Potentially External Reasons:	1	4
I think it's necessary for my family relations. Right now my life is affected by all of the negativity in society.		
Other/General Reasons:	5	20
Because I want to.		
Because the students spoke with us. There aren't a lot of programs available right now.		
To keep myself busy and to help others.		
Because it's beneficial. Also for personal reasons.		
I think it is of great help.		

Thematic Category, And Specific Response	N	% of responses
English-speaking Group responses:	30 (total)	
Internal Acknowledgement/Seeking Help:	14	46
Need help.		
I'd like to get some help.		
Because I did a domestic.		
My anger and substance abuse.		
To see what is about maybe it can help my anger problem.		
To learn more about how to control my anger and substance abuse.		
To get help.		
Went to other anger management class in county jail and needed more anger management.		
Awareness/help.		
To learn a help myself to control my anger.		
I have a lot of stress sometimes and very angry so I'll see what get out of it.		
I have drug problems. Anger problems along with mental health.		
Because I need help with my addiction.		
I need to stay away from substance abuse.		
Understanding:	5	16
Interested in psych of why people get angry.		
Due to the fact that I've made a lot of mistakes in my life and I always ask myself why?		
To get better understanding on why I substance abuse.		
To find out why I get angry.		
I'm currently in prison on a violation for substance abuse, basically I'm seeking understanding for my behavior.		
Learning:	4	13
Just wanted to gain knowledge.		
To help and to educate myself.		
To learn about anger and drug abuse in order to help me in the future.		
To learn more about anger management.		
General interest:	4	13
I'm interested.		
To benefit myself.		
Not only to receive a certificate but to actually guide myself see where I'm at from my last program I attended last month. Pretty much see where I'm at.		
Because I thought it would be of some benefit to me.		

Thematic Category, And Specific Response	N	% of responses
English-speaking Group Responses, continued:		
Other/Curiosity of the group:	2	4
To see what they learned about inmates.		
To learn more about this class.		
Potentially External Reasons:	1	3
Anger mgmt. and maybe receive a certificate to show the judge that I'm trying to better myself.		

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Appendix A

Consent Form for URI Anger Management Group Participation

UNIVERSITY OF RHODE ISLAND - PSYCHOLOGICAL CONSULTATION CENTER

Partnership:

Your signature on this form indicates that you are voluntarily participating in a brief course on either substance (including alcohol) abuse, anger management, or both. These courses are being offered through an agreement with Donald W. Wyatt Detention Facility and the Psychological Consultation Center (PCC) at the University of Rhode Island (URI). The facilitators are graduate students in school and clinical psychology and are supervised by two faculty members.

Information about yourself that you share during your participation in these courses will be held confidentially among the student facilitators and the program faculty supervisors. However, according to Federal Regulation 42CFR part 2, there are limits to our ability to respect confidentiality. We may break this confidentiality and release information about you to prison authorities if:

- There is a strong possibility that you may take actions that might bring harm to yourself or others if action on our part were not taken or,
- If you violate any institutional rules that relate to your safety and/or that of others, or
- If you violate any institutional rules that relate to your safety and/or that of others in the group.

_____ _____

Detainee Signature Date

Appendix B

Evaluation of URI Anger Management/Substance Abuse Groups At the Donald W. Wyatt Detention Facility

Consent Form for Research

I have been asked to take part in a research project through the University of Rhode Island Psychology Department and Psychological Consultation Center. The group co-facilitators will explain the project to me in detail. I should feel free to ask questions. If I have more questions later, I can ask the group co-facilitators or Dr. Maria Garrido, who supervises the URI anger management and substance abuse groups.

Description of the project: I have been asked to take part in a project that is looking at how the URI anger management and substance abuse groups work. I understand that the researchers want to understand more about how and what detainees learn by being a part of these groups.

What will be done: If I decide to take part in this study here is what will happen: I will be asked to fill out surveys with questions about my background characteristics (age, race/ethnicity, program participations, etc.), questions about anger, my attitudes in general, previous substance use, and general questions about what I know about anger and substance use. My name will not be on the surveys because they will be marked with code numbers.

Risks: The possible risks of this study are small. I may feel discomfort or emotion in filling and answering the survey questions. Whether or not I do this study is up to me. I do not have to be in it. The researchers are here providing the URI groups, not directly working for the prison or any court system. I understand there will be no effect on my sentencing, parole, classification status and/or detainee record whether or not I take part in this research. I can decide not do this study at any time, without any negative effects to me. I can decide to stop doing the research, and still be a part of the group.

Benefits: There are no guarantees that my being in this research will provide any direct benefit to me. I understand that taking part in this research will have **no** effect on my sentencing, parole, classification status and/or detainee record. My taking part will provide important information for research on detainee prison programs, and help inform the Wyatt about the URI anger and substance groups.

Confidentiality: My part in this research is confidential. None of the information will identify me by name. All information provided by me during the study will be kept strictly confidential. There will be codes used on the surveys to protect the anonymity of my answers. No names or identifying information will be included in the results of the study. All records will be kept in a locked cabinet in a locked room, at the University of Rhode Island, accessible only to the researchers. No individual

information collected by the researchers will be given to the Donald W. Wyatt Detention Facility. I understand that all information obtained from me will be kept confidential by not releasing any personal identifiers. The exception to this confidential guarantee includes:

a. Any information obtained that is required to be released by federal or state law;
b. Any indication by me with an intent to commit future criminal conduct or harm myself or someone else;
c. Any indication of an intent to escape.

Decision to quit at any time: The decision whether or not to take part is up to me. I do not have to be in the study. If I decide to take part in the study, I can quit at any time without penalty or prejudice. Whatever I decide is ok. If I want to quit I simply tell the researcher.

Rights and Complaints: If I am not happy with the way this study is performed, I may talk with Jean Singleton, Program Administrator at the Wyatt, or with Dr. Maria Garrido, or ask that the Warden contact Dr. Garrido for me. In addition, I may contact the Office of the Vice Provost for Research, 70 Lower College Road, University of Rhode Island, Kingston, RI, telephone: 401-874-2635.

I have read the consent form. My questions have been answered. My signature on this form means that I understand the information and I agree to take part in this study. I full understand the stated purpose and intended use of this research project and agree to involve myself without compensation of any kind. This consent form will be stored in a locked space at the University and will not be attached to any of my responses or surveys. My consent is given freely and voluntarily, without any promises, threats, or any other form of duress.

_____	_____
Signature of Participant	Signature of Researcher/Witness
_____	_____
Typed/Printed Name	Typed/Printed Name
_____	_____
Date	Date

Appendix C: Background Questionnaire

Please check the answers that best describe yourself.

1. How old are you?	____ 18 - 24 years ____ 25 - 35 years ____ 35 - 50 years ____ over 50 years
2. What is your racial or ethnic/cultural group? (Check all that apply)	____ White (Anglo-Saxon) ____ African-American ____ Hispanic-American ____ Native American ____ Asian-American Other_____ (please write in)
3. What is your primary language?	____ English ____ Spanish ____ Other
4. How long have you gone to school?	____ Did not finish 8th grade ____ Some high school ____ High school graduate or GED ____ Some college work ____ Graduated from college
5. Is this the first time you have been sentenced for a crime or have gone to prison?	____ No ____ Yes
6. How old were you the first time you were arrested?	_____ years old
7. How many separate times have you been in prison?	____ Only this time - once ____ 2 times ____ 3 times ____ 4 times ____ 5 or more times
8. Have you been sentenced yet for this charge?	____ No, still pre-trial ____ Yes, already been sentenced

9. How much longer do you expect to be here for this sentence?	____ 3 - 6 months ____ 6 - 8 months ____ 8 months to a year ____ more than a year
10. Before you were arrested, had you ever gone to anyone for counseling or help with a problem? (Check all that apply)	___ No ___ A trusted family member or friend ___ A minister, priest, spiritual leader ___ A counselor or therapist ___ A support or 12-step group
11. Did any person or group help you?	___ Never went ___ Made things worse or did not help ___ Helped some ___ Helped a lot
12. Inside the Wyatt, have you ever gone to an offered program before?	___ Yes ___ No, this is the first program
13. Which Wyatt programs have you gone to **IN THE PAST**? Check ALL that apply.	___ Stress management ___ Crossroads ___ Domestic violence class ___ CCRI Interpersonal violence ___ AA group ___ NA group ___ Education – Pre-GED class ___ Education – ESL class ___ Education – computer class ___Other:_____ (write in here)

13. Which Wyatt programs are you going to **NOW**? Check ALL that apply.	___ Stress management ___ Crossroads ___ Domestic violence class ___ CCRI Interpersonal violence ___ AA group or NA group ___ Education – Pre-GED class ___ Education – ESL class ___ Education – computer class ___Other:_____ (write in here)
14. What programs have you attended in other prisons?	___ Stress management ___ Anger management ___ Domestic violence class ___ AA group or NA group ___Other:_____ (write in here)
15. How did you find out about the URI Anger management/substance abuse groups?	___ Flyer up in the pods ___ From other detainees at Wyatt ___ From a counselor ___ From an officer ___ From inmate handbook ___ From URI students in pods
16. Why did you decide to participate in the URI anger management /substance abuse groups? Please write in:	

Appendix D: Alcohol/Drug Use Questionnaire

In this part, we will ask you about your previous use of alcohol and other drugs. Please think about your use of alcohol and other drugs in the **month before you were arrested**. Please check off the answers that apply. Please be honest in your answers.

1. In the month before you were arrested, how often did you drink of beer, wine, or liquor?	____ Never or less than once a month ____ 1- 2 times a month ____ 1- 2 times a week ____ 3 - 4 times a week ____ Almost every day or every day
2. How old were you when you first used alcohol (other than just tasting it)?	_____ years old

Please check **all** the drugs you have used in the past month, before being arrested:

_____ Marijuana or hashish (grass, pot, hash, hash oil)

_____ Cocaine (coke, crack, rock)

_____ LSD or psychedelics (PCP, mushrooms, mescaline, peyote, psilocybin)

_____ Amphetamines (uppers, ups, speed, bennies, dexies, pep pills, diet pills)

_____ Quaaludes (quads, ludes, soapers, methaqualone)

_____ Barbiturates (downs, downers, goofballs, yellows, reds, blues, rainbows)

_____ Heroin or other narcotics (smack, horse, skag, opium, morphine, codeine, demerol, paregoric, talwin, laudanum)

_____ Glue, poppers, or other gases or sprays to get high

_____ Prescription drugs you did not need to take or did not get from a doctor.

1. In the month before you were arrested, how often did you use one of these drugs?	____ Never or less than once a month ____ 1- 2 times a month ____ 1- 2 times a week ____ 3 - 4 times a week ____ Almost every day or every day
2. How old were you when you first used any of these drugs?	_____ years old
3. Have you ever participated in drug counseling/programs?	_____ No _____ Yes, in jail/prison _____ Yes, court-ordered _____ Yes, voluntary, on my own
4. If yes, did you find any of these programs helpful?	_____ Yes _____ Maybe _____ No

Appendix E: Content/Curriculum Questions

These questions are about the S-Rx model and ask about anger management/substance abuse:

We would call memories, watching tv, thinking about the past, peer pressure, smells, events, and boredom:

1) stimulus
2) time
3) response
4) consequence or outcome

The length of time is important in the S-Rx model because:

1) more time is always better, no matter what
2) having more time, if you can use your time wisely, you can make a better choice
3) a short amount of time means that you always react violently
4) less time is better so you don't have time to think about what to do

A person decides he wants to quit drinking. He drives the long way home so he does not go past the liquor/package store that always tempts him. He is using the strategy of:

1) avoiding the stimulus
2) lengthening the time
3) coming up with another, alternative response
4) thinking about the consequences ahead of time

What is the difference between S---Rx and S----------Rx?

2) the stimulus is different
3) the time is different
4) the response is different
5) the consequence is different

Joe argues with Sam, his co-worker, all the time. This gets him in trouble with his boss. Joe decides the next time he starts talking with Sam, he is going to remember what could happen to him if they fight: a written warning, which could lead to losing his job, and then not being able to support his family. Joe is managing his anger by:

1) avoiding the stimulus
2) lengthening the amount of time
3) coming up with alternative responses
4) thinking about the consequences ahead of time

Bill decides to stop drinking. He starts getting information about AA group meeting times, thinks about getting a sponsor, and decides to stop going out with his friends to the bar. What stage of change is Bill in?

1) precontemplation
2) contemplation
3) preparation
4) action
5) maintenance

A person has stopped smoking pot for 6 months now. He avoids his dealer, goes to NA meetings every week, and everyday thinks about how his not using is good for his family. What stage of change is he in?

1) precontemplation
2) contemplation
3) preparation
4) action
5) maintenance

Check ALL the sentences that are TRUE about relapse:

____ Relapse means you failed and you will never be able to change your behavior.
____ Relapsing is a natural part of the process of change.
____ Relapse can be a good or a bad thing, depending on how you think about it and what you do with it.
____ Relapsing is a signal that you may have to rethink your game plan for changing.
____ Relapse is a message telling you that you cannot learn from your mistakes, and you should not try again.

Someone tells you that they never, ever get angry. Do you agree with them?

1) Yes, some people never feel anger.
2) No, everyone gets angry and you can not control what you do with that anger.
3) No, everyone gets angry sometimes, but you have control over how you handle it.
4) No, everyone gets angry and everyone acts violently.

We talked about and there are four areas/quadrants of life with anger and substance use.
Check the four areas:

____ Thoughts and feelings
____ Power
____ Financial
____ Status
____ Social and family
____ Health and physical
____ Education

Appendix F: Anger Readiness to Change Questionnaire

Please read each sentence and circle which answer describes how you feel.

1. I do not think I have too many problems with anger.

Strongly disagree Disagree Not sure Agree Strongly Agree

2. I am trying to control my anger more than I used to.

Strongly disagree Disagree Not sure Agree Strongly Agree

3. I am entitled to get angry, but sometimes I go too far.

Strongly disagree Disagree Not sure Agree Strongly Agree

4. Sometimes I think I should try to control my anger.

Strongly disagree Disagree Not sure Agree Strongly Agree

5. It is a waste of time thinking about anger.

Strongly disagree Disagree Not sure Agree Strongly Agree

6. I have just recently changed how I deal with anger.

Strongly disagree Disagree Not sure Agree Strongly Agree

7. Anyone can talk about wanting to do something about anger, but I am actually doing something about it.

Strongly disagree Disagree Not sure Agree Strongly Agree

8. I am at the stage where I should think about managing my anger.

Strongly disagree Disagree Not sure Agree Strongly Agree

9. My anger is a problem sometimes.

Strongly disagree Disagree Not sure Agree Strongly Agree

10. There is no need for me to think about changing how I deal with anger.

Strongly disagree Disagree Not sure Agree Strongly Agree

11. I am actually changing how I deal with anger right now.

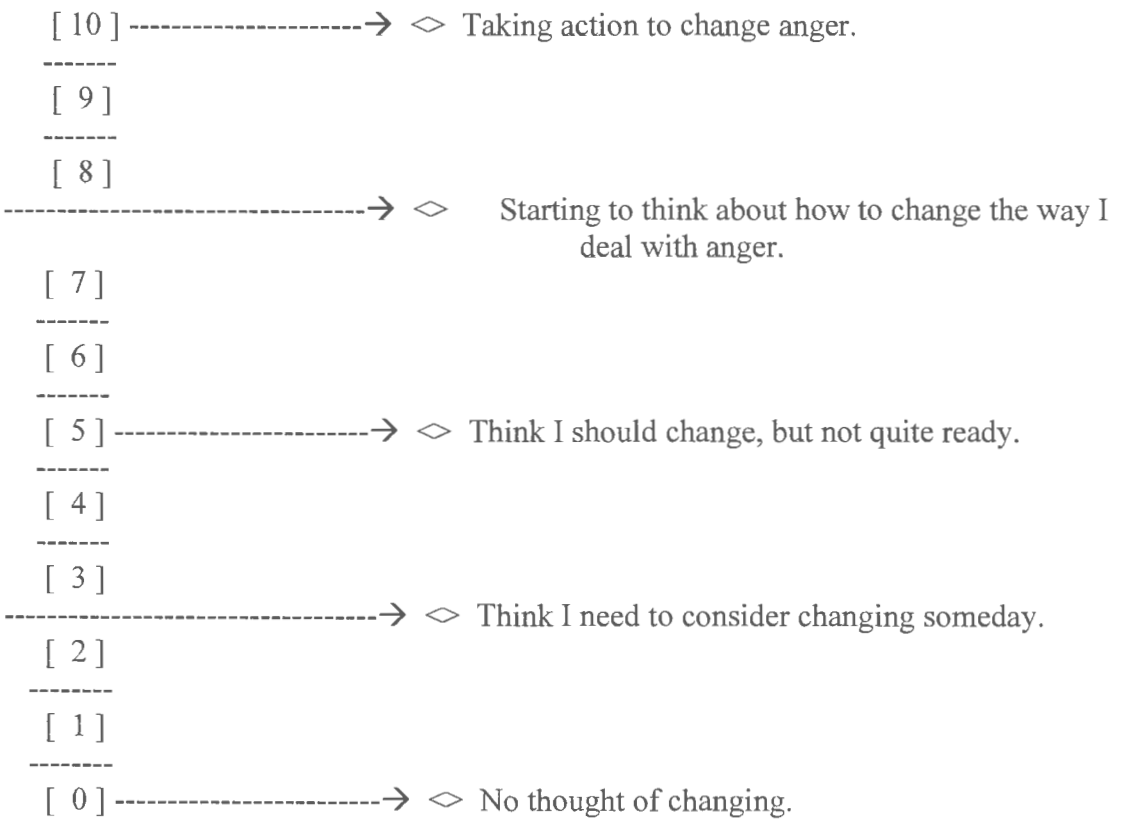
Strongly disagree Disagree Not sure Agree Strongly Agree

12. Controlling anger better would be pointless for me.

Strongly disagree Disagree Not sure Agree Strongly Agree

Appendix G: Motivation Ladders

Each step/rung on this ladder stands for where different people are in thinking about changing the way they deal with anger. Color the closest circle that shows where you are now.



Each step/rung on this ladder stands for where different people are in thinking about changing their substance use. Color the closest circle that shows where you are now.

[10] ----------→ <> Taking action to change substance use.

[9]

[8]

----------→ <> Starting to think about how to change the way I use substances.

[7]

[6]

[5] ----------→ <> Think I should change, but not quite ready.

[4]

[3]

----------→ <> Think I need to consider changing someday.

[2]

[1]

[0] ----------→ <> No thought of changing.

Appendix H: Anger Feelings Questionnaire

How angry do you feel RIGHT now?
Circle one of these numbers that describes how angry you feel:

1	2	3	4	5	6	7	8	9	10
not angry at all									the most angriest I have ever felt

How angry do you USUALLY feel, on most days?
Circle one of these numbers that describes how angry you feel:

1	2	3	4	5	6	7	8	9	10
not angry at all									the most angriest I have ever felt

Appendix I: Program Evaluation Feedback Questions

Thank you for being part of our group on Substance Abuse and Anger Management. We are trying very hard to improve the groups – to get rid of stuff that isn't helpful and to add stuff that is. If you could please answer the following questions, we can use this information to help make our groups better.

1. What did you like MOST about this group? What was most helpful?

2. What did you like LEAST about this group? What was least helpful?

3. What did you learn that was NEW to you in this group?

4. What would you CHANGE about the group if you could?

5. Would you recommend this group to someone else? Why or why not?

6. Was there anything MISSING about the group that should have been added?

7. Was there anything done in the group that SHOULD NOT have been?

Thank you so much! We appreciate your honest feedback.

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